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Medico-Chirurgical Journal

EDITED BY

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ERRATA.—Page 32, 4th line from the top, after "erection and," read "aid of."

COLLEGE OF PHYSICIANS AND SURGEONS

OF THE

IOWA UNIVERSITY,

LOCATED IN THE CITY OF KEOKUK, IOWA.

The regular course of Lectures will commence on the first Monday in November and continue sixteen weeks.

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Professor of Anatomy,
J. F. SANFORD, M. D.,
Professor of Institutes and Practice of Surgery.
SAML. G. ARMOR, M. D.,
Professor of Physiology, Pathology and Clinical Medicine.
D. L. McGUGIN, M. D.,
Professor of Theory and Practice of Medicine.
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Professor of Obstetrics and Diseases of Women and Children.
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Professor of Chemistry and Pharmacy.
J. C. HUGHES, M. D.,
Demonstrator of Anatomy.

Ample College Buildings are in process of erection and will be completed in time for occupation the coming winter, and the City Hospital, which is to be ready for the reception of patients by the first of December, will afford the best opportunity for the cultivation of Clinical Medicine.

FEES:

Matricuation, - - $5 | Ticket of each Professor, $10
Graduation, - - $20

JOHN F. SANFORD, *Dean of the Faculty.*

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THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. 1. KEOKUK, IOWA, SEPTEMBER 1, 1850. NO. 1.

Art. I.—**Rheumatic Carditis.**—*Autopsical Examination.*

By Jno. Forrest Dillon, M. D., Farmington, Iowa.

On Saturday, August 10th, 1850, I was entreated by Dr. Grubb of this place, to accompany him and Dr. Barton, to a small town, about five miles distant, (Croton,) to assist in the post-mortem examination of an individual, whose death had occurred under somewhat suspicious circumstances. On my arrival there, I found the public mind in the most sensitive condition.

The excitement was so considerable as to have occasioned an entire suspension of business—the farmer of the neighborhood had abruptly left his harvest—the blacksmith his anvil—the carpenter his saw—and the citizens were collected in groups, discoursing, as we might, *a priori*, have expected, in a manner infinitely more boisterous than scientific, concerning the case.

After allaying, as much as possible, the prevailing excitement, to which, as it strongly threatened to proceed to a criminal extent, we first directed our attention; by the institution of a scrutinizing examination, we found the history of the case to be as follows. It is not nearly so precise as I could have wished, but as the attendant physicians had neglected to chronicle his case in their books, it is as definite as I am able to present.

Samuel Reed, aet. 23, laborer, had been ailing more or less, for a considerable period of time, and with little or no appreciable advantage to his health. had been under the professional charge of a goodly number of physicians. The exact time when Reed first complained of ill health, it is impossible, definitely to ascertain, let it suffice, however, to say, that on the 15th day of last November, owing to a

sudden supervention of alarming symptoms, Dr. Grubb of that place was consulted, under whose management, they were greatly—but as the event proved—only temporarily ameliorated. He was seized, according to Dr. Grubb's statement, with every symptom characterizing a genuine apoplectic attack, an occurrence, at which, when I saw the condition of the central organ of circulation, I was equally unsurprised, either from theoretical reasoning, or from the recorded experience of others. When thus attacked, Reed, who at the time was walking in the fields, was carried home in a profoundly insensible state, and was immediately bled, *pleno rivo*, to a great extent from both arms simultaneously, and in two weeks, was so far restored as to be able to walk about, without any paralysis, or impairment of his intellectual functions. Dr. G. remarked that he suspected the causative agency of the heart in this attack, and warned the patient against a repitition. It is customary for persons laboring under chronical maladies, of whatever nature, not very amenable to treatment, to consult every "new physician" who settles within their reach, consequently, upon the location of a Doctor Harlan, last Spring at Croton, Reed transferred himself to his charge.

From the general symptoms which were present, rather than from the institution of any physical exploration, Dr. H. diagnosticated his complaint to be an organic affection of the heart, and with commendable frankness, stated to the patient its hopeless and intractable nature—that it was wholly futile, as his disorder was entirely removed from the domain of successful Therapia, to expect any permanent or radical benefit from medicine—in short, that it was one of those cases, in which the duty of a physician was extremely circumscribed, limited indeed to the palliation of distressing phenomena as they might arise. Enjoying variable degrees of health, vascillating from bad to worse, he continued under the management of Dr. H., until the arrival of one of those hybrid physicians, known under the names of Thompsonians, Beachites, Eclectics, &c. &c., with which our Western country is so disgracefully flooded, and who contribute more than any one cause, nay, more than all other causes combined, to depress the science of medicine amongst us. By means of vaunting his own praise, with the most complacent effrontery upon all occasions, he succeeded in a surprisingly short time, in rendering himself extensively notorious.

His boasted skill must, of course, be allowed a trial, and Reed consulted him. He affected to make a very *sage* (Hudibrastic) examination of the case, after which he most emphatically denied that Reed labored under any disease of the heart whatever, and in equally pos-

itive terms, communicated to him the encouraging intelligence, that all *then* ailing him was, an inflammation of the stomach and intestines, which originated from, and was still perpetuated by, the use of mercury, but had not yet made such invasions upon his constitution, as to be able to resist long, the divinely efficacious, and omnipotently curative agency of lobelia! Reed, shortly subsequent to this time, grew suddenly worse, so much so, that he was obliged to keep his bed, and his physician commenced his course of treatment by the administration of a large dose of his panacea, which produced, of course, violent and long continued emesis, followed by a distressing hiccough, which harrassed him until his death, an event which took place a few days afterward.

This result, so widely different from the expectations of the patient, and the prediction of the Doctor, led to the belief that Reed had been mal-treated. And when charged by a prominent citizen with having hastened the fatal issue of the case, he rejoined, "that if he could obtain permission to make a post-mortem examination, he would demonstrate to the citizens of Croton that mercury had occasioned his death by developing an inflammation of the intestinal canal."

Such declarations were eminently calculated to inflame the public mind. They did so. He was present at the post-obit investigation, and admitted that he saw *structural lesions of the heart*, and that there was no evidence of *gastro-enteritis* having been present. The following is a condensed statement of the results of the examination:

Necroscopy twelve hours after death.

Rigor mortis was present. The body was somewhat, though not greatly, emaciated. Upon inspection of the thorax, the left mammary region was visibly more prominent than the right. Upon the removal of the sternum we found the pericardium, in situ naturali, but greatly distended, which upon opening was observed to contain many ounces of bloody serum, completely inundating, so to speak, the heart. This organ, was evidently very greatly hypertrophied—judged by the rough, though usually correct, standard of Laennec, (viz. that the normal size of an individual's heart is the size of the fist,) it was enlarged to twice its natural bulk. Judged by the more accurate standard of weight and measurement, its hypertrophy was equally obvious. The minute and extensive researches of M. Bizot, in 1837, (*vide Mem. de la Societe Medicales d' Observation de Paris,*) teach the average weight of the normal heart, in males from 15 to 30 years, to be from 8 to 8 1-4 ounces, which is slightly greater than is estimated to be the case in the writings of M. Cruveilhier.

This specimen weighed 15 1-2 ounces, although the hypertrophy

was chiefly confined to its left side. The appearances of the right auricle and ventricle were perfectly natural, save perhaps, slight dilatation, and a discoloration from a slight extravasation of blood beneath the endocardium of the latter. Inspection of the left auricle and ventricle disclosed the most unequivocal marks of disease. The endocardium lining the ventricle, and especially in the vicinity of the valves, was of a bright inflammatory tint, and situate both upon the mitral and sigmoid valves, were depositions of plastic lymph, more or less firm. Some of these deposits were soft, and capable of being removed by the fingers; others were indurated and firmly attached, appearing to be somewhat ancient.

Stomach and Intestines—Healthy; not the least vestige of inflammation was to be observed.

Liver,—Of healthy appearance, but slightly enlarged.

Spleen.—This organ exhibited evidences of having been the seat of an antecedent inflammation. It contained a small abscess, which was bounded superiorly, by what appeared to be a cartilaginous wall, of circular shape, of pearly whiteness, and "cried," to use the language of Percival Pott, speaking of scirrhus, "beneath the knife."

Want of time prevented an examination of the *encephalon.*

Remarks.—We have ever regarded diseases of the thoracic viscera, as being invested with peculiar interest, not more from the indispensable importance of the organs affected, constituting two props of the "tripod of life," as Borden happily has it, than from the facility and accuracy with which we can diagnosticate them. It is only by careful reflection upon the circumstances, connected with such a case, as I have above reported, that I can in any adequate degree realize the immense value of the researches of Laennec, as revealed in his "*Traite De L'Auscultation,*" &c. which has shed such a brilliant flood of light upon diseases of the chest.

Than this case, I could conceive of none that would be more interesting to meet in practice, as strikingly illustrative of the great worth of physical diagnosis, and strongly confirmatory of some of the most important doctrines of modern Pathology.

Suffer me, briefly, to make allusion to some of the chief points of interest in the case.

In the first place, the patient was the subject of *repeated attacks of rheumatism.* No fact in modern Pathology is more interesting, important, or more abundantly established, than the frequent occurrence of Cardiac disease, in connection with acute rheumatism. Look at the result of the enquiries of Dr. P. M. Latham, in St. Bartholomew's Hospital, respecting this point. In the eighth lecture, of his little work on "Subjects connected with Clinical Medicine," whose high

recommendation by Dr. Watson, I can most willingly endorse, he says, "as many as two-thirds of those who have acute rheumatism, also suffer inflammation of the heart." In Reed's case we firmly believe, that the first link in the chain of diseased action which led to his death, was acute rheumatism; that at sometime, a metastasis from some of the articulations to that "perpetually moving joint—the heart," occurred, and laid the foundation of his death.

Whenever this transference of diseased action does take place, both the *lining* and *investing* membranes of the heart are most frequently involved, hence *Rheumatic Carditis* comprises both *Peri* and *Endo* Carditis.

In the second place, I may mention the apoplectic fit. The frequent connection between apoplexy and hypertrophy of the heart, is well made out, indeed Dr. Hope's researches show, that they stand in nearly two-thirds of the cases, related to each other, as cause and effect. "Twenty-seven out of thirty-nine cases of apoplexy, occur in conjunction with enlargement of the heart."

In the case of Reed, all the indirect symptoms of Cardiac disease, were observable, videlicet, a peculiar condition of the mind; great dyspnœa, at times amounting to orthopnœa; biliary derangement, and anasarcous infiltrations, &c., &c.

My own opinion, respecting the cause of death in this case, is this, that at Reed's last sickness, there was a renewal of inflammatory action about the heart, the events of which, such as the enormous effusion in the heart case, &c., &c., were incompatible with the further continuance of life. It appears that no auscultatory examination of Reed's case was ever made, though I am confident—and nothing could have afforded me more unalloyed pride and satisfaction than to have heard it—that his heart, in every one of the "funeral marches it was beating to the grave," would have declared to an intelligent physician, in the most audible and intelligent language, the true nature of the difficulty under which it was laboring.

Before taking my departure from Croton, I took occasion to give the botanic physician some salutary advice—adverted to the unenviable predicament in which his ignorance had plunged him, and endeavored to inspire him with a love for scientific knowledge, by following the example *Le Maitre de Philosophie*, in a Comedie of the celebrated Moliere, in which he endeavors to impress the truth of the following sentiment upon the mind of Monsieur Jourdain, "*sans la science, la vie est presque une image de la mort.*" Whether I succeded in convincing him of it, so readily as was the case with Le Bourgeois gentilhomme, the future must determine.

I have drawn up this hasty sketch of the above case for two prominent reasons, in the first place to present your readers with some additional testimony confirmatory of the frequent connection between arthritic and cardiac disease; and in the second place, to illustrate the great benefit often derivable from necroscopic examinations. The one is frequently overlooked, the other too sadly neglected.

ART. II.—**Ovaritis.** *By D. L. McGugin, Professor of Theory and Practice of Medicine in the College of Physicians and Surgeons of the Iowa University.*

Active inflammations of the ovaria and the other uterine appendages, have hitherto been regarded as existing only in the puerperal state. Recent observations, and particularly those of Dr. Bennet, develope the fact that these inflammatory affections do often exist independent of the general puerperal condition. The great difficuity, heretofore existing, has been in the want of a true diagnosis, it being liable to be confounded with, and mistaken for, metritis.

The inflammation seldom extends as in puerperal peritonitis to the peritoneum, but is confined to the parts themselves respectively.

If one of the ovaria be inflamed, we will find tumefaction, hardness, and excessive tenderness quite over the abdomen, and particularly when the inflammation is continued, and when both are affected. Pressure upon the tumor will produce much suflering in the limb of the side affected, and there is often numbness and pain, increased upon pressure, along the course of the lymphatics of the thigh. There is also tumefaction high up in the vagina in the direction of the ovary affected, and an increased heat of its mucous linings. When one ovary is alone affected, and the inflammatory condition increases and continues, the other will soon give evidences of diseased action, as by a law of sympathy between parts concerned in the same function.

When the inflammation is confined to the ligaments it is more difficult to diagnose, but, the absence of tenderness and tumefaction in the region of the ovaria, as well as the more prominent and particular symptoms marking acute metritis, will serve to fix the morbid phenomena in these appendages.

The etiology of these affections, more or less formidable, may be embraced in all those incidents and influences which exalt vital action in those organs making up the uterine system. In addition to those more commonly concerned in its production, such as a suppression of the menses, painful menstruation, contusions upon the iliac region, and stimulating aphrodisiacs, it has been maintained, and

with plausibility too, that the sudden suppression of a gonorrhœal discharge from the mucous surfaces of the vagina may, and often does, give rise to them. And why not? A suppression of a gonorrhœal discharge from the urethra often results in enlarged testicle of the male, and why not a similar metastasis obtain by the sudden suppression of a more or less profuse leucorrhœal discharge from the vagina? The case given below will serve to strengthen this supposition.

Whatever the cause or causes, these afflictions generally require for their subduance, active and energetic efforts.

The horizontal posture, with absolute rest and quiet, light farinacious diet, cupping over the iliac regions, bladders of crushed ice upon the same locality and persisted in, ice suppositories repeatedly thrust high up in the vagina and in contact with the tumefaction apparent there, venesection and mercurial purgatives are those measures best calculated to meet the indications. The ice, beside being a most powerful sedative, almost uniformly proves highly grateful to the patient.

By these measures, and others looking to the same object, we may be able to bring about resolution, always the best and safest, but the rarest termination of inflammation of these structures. Suppuration is by far the most common form in which it results, and when this obtains, we may have the pus discharged in one of the following ways: into the vagina, the bladder, the rectum, through the fallopian tubes, into the uterus, and then escaping by the vulva,* by perforation through the abdominal parietes, and, that certainly fatal termination, into the peritoneal sac. It may also result in gangrene, of course equally fatal with the last, and in a few instances it has been known to pass into a chronic form followed by scirrosity or a cancerous state.

By all means then, and by every consideration of ultimate and entire safety to the patient, resolution should, if possible, be reached and ardently sought for, nor should any measure be neglected which would favor this most desirable result. And in the choice of remedies calculated to effect this object, those should be selected the most efficient and the most certain.

Although the following case is not an exact type of the cases above described, it however seems to exhibit, first, the fact of the independency of the affection of the general puerperal condition, and second, the necessity, as well as the efficiency, of prompt and energetic treatment.

Mrs. ——— was delivered in March, of her third child, safely and

*Case by M. Laumonier.

without difficulty. In a few days she was seized violently with puerperal peritonitis, from which she slowly recovered, except, as a sequence, a chronic inflammation and thickening of the mucous lining of the vagina attended by a profuse leucorrhœa. This was releived by the solution of cryst. nitras. argentum. fort.; but in some days afterward, as was subsequently ascertained, it returned and was suffered to run on for some time without interference. About the close of April, when the atmosphere was cold and humid, she passed into, and remained for a time in, a wash-room imperfectly warmed and the floor flooded with water. During the day she observed that the leucorrhœal discharge had voluntarily ceased. In the evening, upon retiring, she complained of acute and lancinating pain in the right iliac region, lassitude and an increase of pain upon the slightest movement of the limb of the side affected. The night was passed in restlessness and anxiety. Being called in the morning, tumefaction was very apparent in the right iliac fossæ and very sensitive upon the slightest pressure. There was heat in the vagina, and tumefaction in the direction of the right fossa. She had several watery and fœted stools during the night, and tenderness along the course of the lymphatics of the thigh on the side affected. The pulse was 120, small and feeble. Her face was pale and her lips exsanguined. There was also great depression of spirits, languor, and a great disinclination to motion, because of the suffering thereby produced. The tongue was white and broad when protruded. She complained of severe pain in the part above indicated, which extended down that limb with numbness. The extremities were cold, and there was pallor of the general surface.

Under such circumstances, what was to be done? The phenomena present threatened speedy suppuration, or other lesion of structure. The great impairment of the dynamic forces forbid that the antiphogistic course should be adopted. To subdue the local inflammation, equalize the circulation by restoring the capillary circulation, and to sustain the vital forces, were objects of the highest and most pressing importance. For this purpose, ice applied properly to the external tumor, and ice suppositaries thrust high up in the vagina, was that plan selected to meet the first indication; warmth to the extremities, and friction of the surface, with opium, camphor and ipecac internally, together with a nourishing diet, were employed to meet the second and last. In twelve hours the tumor began to subside, warmth was restored to the extremities and the general surface, the pulse 90, the pain was much relieved, there was a gentle moisture of the surface, and all the symptoms improved. The treatment was persisted in, and

in 24 hours she was free from pain, pulse 75, the tumefaction had subsided in a great measure, and there was no heat of the vagina, after which she rapidly recovered and is now well. The use of the ice was most agreeable to the patient, and the sedative influence very manifest after each fresh application.

Was this then a case in which there was a metastasis from the mucous lining of the vagina, or was it a chronic, exalted by some strong impressive cause to an active form of inflammation and extending to the ovary? Bnt if the last, why not continuously to the uterus, then to the ligaments and to the ovary found to be affected? There was no tumefaction or tenderness above the pubes at the base of the median line, and therefore no inflammation of the uterus. These are reflections worthy of consideration. It is but reasonable to suppose that in this case a higher grade of inflammation was superinduced in the vaginal structure, and as glandular and mucous structures readily sympathise, a sympathetic impression was readily produced, and the more readily as this ovary had suffered somewhat during the active stage of puerperal peritonitis from which she had recovered but a short time previous.

Speculation aside, and I would, in conclusion repeat, that this case presents several considerations of moment, namely, that there does exist oftimes acute inflammations of the ovaries, and the other uterine appendages, without the concurrence of a general pueperal condition, that there may be found cases of active phlogosis when the antiphlogistic course is inadmissible from a previous wasting of the vital forces, and that whatever may be the condition of the general system, prompt and efficient measures are imperatively demanded in order to a speedy termination by resolution, the only true guaranty of safety to the patient.

Art. III.—Cholera.

It is not our purpose to write an extended article upon this terrible pestilence, which in the wisdom of Providence has again visited us, and which during each of its destructive visitations, has been ably discussed by eminent physicians who have extensively studied its nature, in the midst of its desolations. But, it is the duty of physicians, even whilst they are humbled before its resistless course, to watch its every peculiarity, to observe its various phenomena, and if possible acquire some clue to that all pervading cause to which the production of the disease is due.

That medical science will yet triumph over this dreadful enemy to human life, we have every reason to believe, but the knowledge which shall ultimately lead to its subduction will not come intuitively. The only antagonist to death in every other form, is found in the resources of a science, which the industry and genius of man have been three thousand years in unfolding to the world, and when its greatest triumph shall at last have been achieved in disarming this oriental plague of its mortiferous powers, it will be the result of the same arduous and patient investigation, founded upon the principles of inductive reasoning and observation, which has drawn from the bountiful kingdoms of nature the balm to every other ill.

It is for this reason that every physician who comes into conflict with the disease, should throw off the influence of that despair which unsuccessful treatment is calculated to inspire, and watch attentively the morbific agencies that give it such a fearful course. He may in this way aid in dispelling the darkness in the midst of which it makes its way, and in raising the sombre curtains behind which reposes this awful scourge.

A disease which shall indiscriminately desolate a city or a country in its rapid march, may, in the terror its advent inspires, elude the necessarily hasty researches of science, but when in a more leisure transit it shall choose its habitudes, linger in the abodes of wretchedness and invade, almost alone, the favorite haunts of infection, affording time for observation and study, we may cherish a reasonable hope that some light may be thrown upon the nature of its exciting cause, which will serve as the basis of a rational and successful treatment.

These reflections are suggested by two communications which we have received during the present month, containing some statistics of cholera as it appeared in Keokuk and Burlington, the two principal cities of Iowa, and the only places in the State where it has prevailed with much malignity. It affords us great pleasure to find that our physicians have closely observed its progress, and so accurately noted the circumstances which have seemed to influence its course.

The first communication is from Dr. Haines of this city, who has kept a record of all the cases which have occurred here during the past season. From his report it appears that,

"During the month of May we had in the city of Keokuk, ten ca-
"ses of Cholera, seven of which terminated fatally. In the month of
"June we had five cases, three of which died. In July twenty cases
"and thirteen deaths, and in August five cases and two deaths."

Of the whole number attacked the Dr. remarks, "that twenty-seven

"were persons who had not resided in the city six months, and were "consequently laboring under those depressing influences, resulting "from a change of climate, which always strongly predispose to dis-"ease; many of these cases were received from the boats at a period "more or less remote from the first invasion of the disease.

"The remaining thirteen were citizens, or persons who had resided "in the city a year or more, and were exempt from the predisposing "causes referred to.

"Of the twenty-seven cases first enumerated, eighteen died; and of "the thirteen, seven died, making in all forty cases and twenty-five "deaths.

"In making the above statement, it may not be improper to say, "that the *reported* cases of Cholera in our city during the past season "would exceed the number given, but the record from which the above "facts are drawn, was kept with as much care as circumstances would "admit, and may be relied on as correct.

"The first case occurred on the 13th day of May, and the last on "the 4th of August."

After remarking that a large number of the cases of Cholera in this city could be traced to temporary imprudence, habitual intemperance, or a neglect to correct some ordinary slight constitutional derangement, the Dr. says:

"Nothing like a strictly contagious character could be discerned "during its stay with us the present summer. It was chiefly observ-"ed in damp, filthy and illy ventillated apartments, where, as might be "expected, the food of the inmates is scarce, coarse and unwholesome, "and but poorly calculated to sustain a full vigor of the constitution.

"Where exceptions to this state of things occurred, one of two cir-"cumstances preceded, or were noticed in connection with the attacks; "the persons attacked, were either chargeable with extraordinary ex-"cesses or imprudence, or resided in unhealthy localities in the city, "where diseases of every kind are of frequent occurrence; thus in such "unhealthy localities, I have seen one person after another attacked "with Cholera, until fifteen have fallen in one district within twenty "yards of a given point. Whilst this was the case, other portions of "the city have escaped even those derangements of the bowels which "are supposed to result from a modified epidemical influence."

Based upon these facts Dr. H. makes some interesting observations upon the etiology and pathology of Cholera, which we regret we have not space to publish, but we submit the facts as above, confident that they will prove interesting to our readers, and valuable to those who are collecting statistics and observing the progress of the epidemic.

The second communication is from our esteemed friend, Dr. G. R. Henry, of Burlington, and contains the following interesting account of the epidemic in that unfortunate city:

Cholera in Burlington, 1850.

The first native case, of this disease, appeared on the night of the 4th of July, and soon proved fatal, the subject being a hale hearty man of temperate habits.

The weather, on the 3d, and 4th, was oppressively warm, and so continued for ten or twelve days; the disease increased in virulence and number of its attacks until the 13th and 14th, when it seemed to reach its acme, there being about twenty-five cases in those two days, and the victims being mostly persons well known and respected; the panic increased to such an extent, that our population seemed on the eve of being attacked *en masse*, but providentially on the 14th a north wind sprang up, which seemed to purify the air, and the attacks rapidly diminished in violence and frequency; the 16th being cloudy and very sultry, cholera seemed to gain fresh power for a time, numerous cases following in the succeeding week—abating in its force, it yet remained, as an epidemic, among us until the 1st of August, since which time, sporadic cases are occasionally reported. A moderate computation would make the number of Cholera attacks between four and five huudred, the deaths from eighty to one hundred, which, in a population of less than 5,000, diminished one-third by removals into the country, presents a violence and severity, equal to any during the present season in our country. Various systems of practice were pursued, a votary of Hannemann was "weighed in the balance and found wanting." Steamers for a time made a great noise, treating *names* instead of *diseases;* but the test of experience and the result of observation, brought those back, who had wavered in their belief of the utility and efficacy of medicine as practiced by the Regular Physician. With these, astringents proved worthy as adjuvants; stimulants were often of service to support the system, and give time for the action of other means; opium and its preparations were invaluable, in allaying nervous excitement, and composing the bowels, checking discharges, &c.; but calomel was the sheet anchor; not given as a specific, but as a remedy, which more frequently than any other, would excite the secretion of the liver, diminish the congestion of the viscera, determine the circulation to the surface and extremities, and thus cure the patient; stimulating emetics were given when the stomach was loaded, sinapisms and other hot applications were made to the abdomen and limbs, but when every thing else failed, a large dose of calomel, grs. xx. or xxx., would frequently lie upon the stomach, and quiet the irritation, thus permitting the administration of morphine and other remedies; fluids of all kinds were forbidden; ice was sparingly permitted.

This was the course pursued by myself and several other physicians, and we saw no reason to change it, though, of course, it was not successful in every case. Cayenne and charcoal as prescribed by Cartwright were in vogue with some of our physicians, though with them also, calomel was the principal remedy. Almost every article

that has been recommended in cholera met with a trial, the wet sheet (packing) was used in two cases without avail—astringent and opiate injections were employed, but proved of but little service, the bowels often being filled with the characteristic *rice water*, while no discharge marked its presence. A singular feature of the disease was the absence of cramps, some few had these severely, the majority were slightly affected, while many did not feel the slightest twinge, some dying passed quietly from sleep into death. A few cases appeared in the country, in two directions from town, but the cases were not numerous, nor marked with much fatality. Each shower, followed, as they invariably were, by a scorching sun, and a heat ranging for eight or ten days in succession above 90° Fahr., much augmented the disease among us. Drunkards and those exposed to the causes, usually supposed to produce cholera, suffered less than those of steady, temperate habits; the disease was most fatal among children and *enciente* women. Every thing here precluded the idea of contagion, though almost the whole of two or three families were taken off, yet in many instances, a single case would appear, and be followed by no others. Of a number of young men who waited upon the sick and dying, and who were exposed day and night in nursing the living, and performing the last ceremonies for the dead, *not one had an attack*, showing what a wonderful influence an absence of fear and an occupancy of mind, will have in preventing the disease.

Burlington, August 16, 1850.

We have in the above interesting account, some facts of importance, bearing upon a question, which has been discussed with more warmth, than any other connected with the epidemic—and not always, we are sorry to say, in the spirit of conciliation favorable to the developement of truth;—we refer to the subject of contagion. In the face of every fact pertinent to this discussion, as we have often noticed, many individuals—medical as well as non-medical persons—pertinaciously cling to this doubtful, and in many instances, pernicious doctrine. It is well, therefore, that Drs. Haines and Henry have stated the circumstances bearing upon the discussion of this question, as they occurred in Burlington and Keokuk. The history of medicine in its ample range, discloses no fact with more clearness or satisfaction, than that this disease has, in every part of the world where it has made its appearance, completely resisted every means, based upon the idea of contagion, which has been used to arrest its course.

The cholera has traversed a portion of the Globe, equal in extent to upwards of seventy degrees of latitude, and one hundred degrees of longitude, and wherever it has made its appearance, quarantine regulations and sanitary cordons have been found of no avail. In Russia, Prussia, Austria, France, England and the United States, they have not kept off the disease, and at Astrachan, St. Petersburg, Dantzic, Berlin, Breslaw, Vienna and Hamburgh, places noted for the

severity of these regulations, the scourge scaled every obstacle raised by human care, and laid prostrate its thousands of victims.

A volume of many hundred pages, would not contain the reliable facts which stand out in opposition to the contagion of cholera, whilst circumstances connected with its prevalence in climates the most dissimilar, at every season of the year, and amid every variety of weather, seem to show, that the ordinary causes of disease, however they may influence its progress and malignity, afford no satisfactory explanation of its origin. As has been observed, the production of epidemics of every species, is a problem difficult of solution. To some peculiar morbid condition af the atmosphere they are doubtless all to be ascribed, the exact nature of which, has heretofore escaped our strictest scrutiny.

We are glad to find that Dr. Henry asserts the superiority of regular medicine, in the treatment of epidemic cholera, over the empirical practice, and the claims of amateur cholera doctors. Regular medicine has always served as the surest refuge in times of public danger, and the truthful annals of epidemic cholera, afford no exception to this remark. It is true that an awful mortality has marked its progress in every part of the world under every variety of treatment, but under no management, has the mortality been less, than that instituted by the regular physician, whilst in every thing that relates to prophylaxis—the means of warding off or mitigating the pestilence—he alone, can justly claim the gratitude of the world.

When the minds of a whole community are alarmed by the presence of pestilence—when every trifling ailment, or unusual sensation of the stomach is regarded as a premonitory symptom of a rapid and fatal disease, the admonitions of common sense are too often overlooked by the credulous and unsuspecting, and the impositions of quackery, from its slightest forms, as practiced by the disciple of Hannemann, to the copious and almost fiery potations of the steamer, find their reward. But the community should remember, that regular medicine draws its resources from all the kingdoms of nature, and from what is good in every scheme of Therapeutics, and that whilst the various impostors who infest the world, can offer no additional remedies for the mitigation of human suffering, they are immeasurably in the rear of the regular physician in that knowledge of scientific principles, which alone can serve as a guide in their rational application.

A few cases of cholera have occurred in Muscatine, sixty miles north of Burlington, and in Ottumwa, the same distance west. Intermediate towns have escaped.

Employment of Manganese in Anemic and other affections. By M. Hannon.—Manganese and iron are almost constantly found united in the same minerals, and can be separated with difficulty. Again, iron is not always efficacious in chlorosis, and fails in curing anemia arising from cancers, from tubercles, from prolonged and abundant suppuration, &c. In these cases, it cannot be the iron that is deficient in the blood, but some other ingredient, and it is probable that iron is united to manganese in the blood; and that cases of anemia, unsuccessfully treated by iron, might be cured by manganese. M. Hannon first tried the effects of this agent on himself. He took at first a grain of the corbonate of manganese daily, increasing the dose to four grains by the end of the first week, and to eight grains by the end of the second. At the end of a fortnight, he experienced symptoms of a plethora; the appetite increased, the pulse became stronger, and the color of the interior of the eyelids was heightened. He then administered manganese to some anemic patients; some of them experienced nausea for two or three days, after which the medicine was tolerated. In a short time, its beneficial effects became manifest in the increase of color, in the fuller and more frequent pulse, in the energetic movements and general improvement of the functions.

The presence of manganese in the blood was discovered by M, Millon, who presented a memoir on the subject to the Academie des Sciences of Paris. His observations have been confirmed by M. Hannon.

[Several cases of extreme anemia are adduced in confirmation of the views expressed above, and some in which all the ordinary remedies deemed efficacious in chlorosis having failed, recourse was had to the manganese with the happiest effect. M. Hannon refers to one case for example, in which the patient was sent into the country and took iron, but without benefit.]

The patient was then directed to take one of the following pills daily before breakfast, and another before dinner: Extract of cinchona, carbonate of manganese, of each a drachm. Mix and divide into four grain pills. After she had used these pills for a fortnight, the cheeks and conjunctiva regained their color, and the swelling of the feet disappeared. The following pills were then ordered. Sulphate of manganese, carbonate of soda, of each a drachm; fresh charcoal, honey, of each a sufficient quantity to make a mass, to be divided into four-grain pills. A fortnight after the employment of this medicine, the bellows-sound had disappeared; the pulsations of the heart were strong and loud; and an energetic impulse was felt on applying the hand. There was no syncope; and the appetite had returned. The dose of the pills was increased; and a month after, menstruation occurred, and the patient became plump, and able to bear much exertion. She digested and slept well—in a word, was cured.

[A case of phthisis occurring in a young lady, is referred to, in which,]

Iron, with opium was prescribed; but it increased the cough, and

brought on obstinate constipation. Syrup of the phosphate of manganese was then given, with codliver oil; the latter being added rather to prevent the contact of air with the manganese, than from any expectation of its producing good effects. The constipation ceased; and the cough became more bearable, and ceased in a fortnight. The patient then began to recover embonpoint. A month after the knuckles assumed a very remarkable brick-red color, which has continued up to the present time—a period of nearly a year and a half. This patient took three gros (216 grains) of phosphate of manganese, in doses of three grains daily.

Madame R. was affected with cancer of the uterus. She complained of remitted pain in the hypogastric region, and suffered much while at stool. In the evening, she was troubled with severe lancinating pains, which often continued through the night. She was excessively weak, and of a yellow hue. She was troubled with palpitation, and a bruit was heard in the carotid. The feet frequently swelled. Syrup of the iodide of manganese was given, with syrup of horseradish, for several months. The pains did not leave her, but the anemic appearance completely disappeared. To calm the pains, opium, with extract of hemlock, was prescribed; and the patient became apparently cured.

Mademoiselle M., aged 14, of a scrofulous constitution, and glandular enlargements in the neck, ulceration of the transparent cornea of the left eye, and caries of the first phalangeal bone of the index finger of the right hand. Being the daughter of a peasant, she had lived exclusively on vegetable food; but was ordered to take meat, and to drink beer. Syrup of the iodide of manganese was given in doses of a spoonful two or three times a day. Under the influence of this, and her improved diet, she became less lean; soon after this the cornea regained its transparency, having been washed with a lotion containing gr. ss. of nitrate of silver to an ounce of distilled water. The suppuration of the carious bone ceased, and the finger was cured.

M. G. B., aged 38, had been treated with mercury for some ysars for constitutional syphilis. The bones were sound; the skin was affected with all kinds of eruptions; the tongue had long been the seat of an obstinate tumor; and there were syphilitic opthalmia and iritis. Fumigation and iodide of potassium were persevered in for several months but without effect. Iodide of manganese was then given, with syrup of sarsaparilla; and in a month the patient was completely healed. He was directed to continue the use of the manganese; and, as he has not since applied for relief, it is probable that he has had no relapse.

These cases have been selected from a number of similar ones, and show the efficacy of the new remedy proposed. Manganese has in all cases produced a more rapid effect than iron in cases of simple anemia. In the forms of anemia cited, all the cases had resisted iron, and all yielded to manganese. The other cases are respectively of phthisis, cancer, scrofula, and syphilis;—all inducing almost irremediable cachexia, and all rapidly alleviated by manganese. The effects of the manganese, as observed in one case, (phthisis) are remarkable.

Iron seldom produces a similar result; if it improves the state of the blood, it increases the cough; so much so, that many practitioners abstain from its use in phisical cases. In all the scrofulous cases the iodide of manganese, by its saluatry and rapid influenne, was proved superior to the iodide of potassium. The persistence of the cures obtained by manganese, in comparison with those produced by iron, is very remarkable; no cases of relapse have been observed by M. Hannon. The quantity required to be taken, in order to produce the desired result, is far from being so great as that of iron.—*London Journal of Medicine, Sept.* 1849.

Surgery.

Art. IV.—**Subcutaneous Section applied to the cure of Pseudarthrosis.** *By J. F. Sanford, M. D., Professor of Surgery in the College of Physicians and Surgeons of the Iowa University.*

The subject of false joint, resluting from ununited or disunited fracture, has been ably treated by most writers upon Surgery; and the frequency of this morbid condition, its importance to those who suffer it, together with the influence it may exert upon the reputation of the surgeon in whose hands it may occur, have elicited many suggestions as to its treatment by individuals whose opportunities for observation have amply qualified them for the task. But surgical statistics in regard to these cases exhibit the fact, that however accurately the pathology of false joint has been explored and appreciated, the practice has been anything but satisfactory; the greater number of those who have subjected themselves to treatment for relief in these cases, have derived no benefit from the means employed, and in some cases, absolute injury has resulted from the severity of the remedial applications. The rules of practice in cases of Pseudarthrosis based upon pathological considerations are sufficiently simple, and when we reflect upon the obvious indications to be fulfilled, we are surprised, that better success is not the result of our efforts. In many cases of surgical disease, an intimate knowledge of the pathological conditions readily suggests the appropriate therapeutical application, or manual procedure to be adopted with a curative object, and when this rule is obviously applicable to a given case, and yet the practical deduction fails to accomplish the end, we should not so much doubt the accuracy of the diagnosis, as the efficiency of the means employed. The pathology of false-joint, as before remarked, is well understood, and

it has served as the basis of numerous methods of treatment, some of which, have been apparently calculated to fulfil the requisite indication, but as they have failed to do so, in a majority of instances, it is our duty to prosecute the practical inquiry, until experience shall attest the efficiency of our procedure, and until the demands of a better surgery are met.

In order to appreciate more fully the merits of the operation we have performed, and now propose for the cure of ununited fracture, we will institute a brief examination into the nature of this lesion, and the circumstances under which it is likely to occur. An individual sustains a fracture of the Tibia or Femur. In ordinary circumstances, skilful surgery, aided by the ever-prompt recuperative powers of nature, is competent to effect a cure: but let us remember, that although this process appears to be a simple one, and proceeds quietly to its completion, it is, in reality a complex operation, implying certain essential precedent conditions, and consisting of several stages, which in the aggregate, exemplify some of the most important and beautiful laws of vital repair.

One of the prerequisites as connected with the economy's power to repair the breach, is found in the condition of the patient at the time he sustains the injury. If at this time we have a purely physiological condition, and the integrity of the constitution is unimpaired by any of the ordinary causes of debility, we have a state of the general frame highly favorable to the reparative process. But this condition, the importance of which will presently be seen, is sometimes a source of trouble. It is favorable to an action essential to cure, as bringing with it to the point where it is instituted, the material of repair, but it is likewise a condition which sometimes predisposes to inflammation, and this, as the great enemy that awaits nature in her laudable efforts, is to be closely observed, and kept within appropriate bounds. We are disposed to attach a conservative power to the inflammatory process when limited in extent, and moderate in degree, but in doing this, we wish our proposition distinctly understood, as being in no way derogatory to the universally conceded fact, that whilst by its agency wounds are closed, fractures united and solutions of continuity repaired, it may under different circumstances, and variously modified, tend to subvert the desired result, and lead to the most disastrous termination.

In this latter view, the pathology of the lesion we are considering, assumes its most important aspects, and it is only by reasoning upon the modifying agencies of a process, whose aid we are compelled to invoke in its remedial management, that we can establish a rational and successful treatment.

Pursuing the case we have supposed, let us examine what follows at the seat of fracture in the best circumstances attending the injury. We are aware that this subject may be sufficiently understood, but an allusion to it is necessary to illustrate our point: it is only by holding up to view the efficient and beautiful operations of nature, that we can arrive at that ease in imitation so essential to success. Blood is effused between and around the fractured ends,—a sac or pouch is formed by its presence, but separated from the moving mass and speedily parting with its vitality, it becomes a prey to the absorbent vessels, which in turn have scarcely accomplished their office, before their action is arrested by the advancing inflammation.

The first result of this latter process is to bring to the point of injury an increased quantity of fibrine, which it deposits in the pouch around the ends of the bones, as the material of repair; and this plastic deposit, if the inflammatory action advances no farther, early exhibits its tendency to organization. The vascularization of the fibrine seems in this stage to be wholly exterior to the bone, and is destined there to effect only a temporary purpose. It becomes solid—cartilaginous—bony, and like a splint about the part, retains the bones in apposition; as soon as it has become competent to this end, another process is set up, absorption is again called into play, the earthy portion of the ends of the bones is removed, to prepare them for the "stitching together" by "living vascular threads," which finally consummates the beautiful and perfect design of nature in the reparation of broken bone. When this stage is completed, the absorbents remove the external temporary osseous incrustation, and the part is restored to its symmetry as well as to its function. This is the ordinary course under favorable circumstances, and requires for its perfection from four to six months. Two classes of causes may thwart its completion, or arrest it at any stage of its progress; First, undue inflammatory action, set up immediately as the result of the injury, or subsequently induced by stimulants or other agents. When this state of things occurs, the material of repair is not withheld, but its organization is prevented; it is one condition of the reparative process, that inflammation must reach a certain grade, or no deposite of fibrine follows; it is another, that it must not proceed too far, or its organizable property will be destroyed, and its degeneration into an aplastic fluid will be the result.

The second class of causes includes all those capable of inducing debility of the vital powers, or a depraved and perverted condition of the system. In strumous and cachetic habits, and in persons addicted to intemperance, this non-union is often noticed, and is attributable

to the fact, that a fibrin-bringing action is seldom instituted in cases where general cachemia obtains. Inflammation it is true, may follow laceration of the tissues, blood may accumulate in the vessels of the part, and a fibrinous fluid may be deposited; but it is illy elaborated, aplastic or cacoplastic in character, and wholly unfit for reparation. Now let us examine the indications to be fulfilled in cases where from either class of causes enumerated, Pseudarthrosis has resulted. It is evident that changes which occur at the seat of injury prevent that capacity for union which we have seen is displayed by the wounded tissue, yet it is equally obvious that we are indebted to as much of this capacity as remains for a successful result, and that, whatever changes have been induced, when union does take place, it must follow the cause we have endeavored to describe. In this light, the treatment resolves itself into the idea of exciting locally, such a condition as we have seen to be essential to union. This condition is inflammation, and upon its proper induction and maintainence, our hopes of success must rest. It is a neglect of this principle that has rendered the treatment of false-joint, upon almost every plan proposed abortive, or connected with it perils of such serious character, as to deter many from an attempt to cure it. Thus we have seen the surgeon of a former age, employing cauteries actual and potential; violent pressure from girths and metallic bands, and the introduction of wires into each extremity of the bone; whilst the more recent use of electricity, friction of the bones, stimulating injections and the seon, have been extensively resorted to. The former, as exciting a destructive inflammation, subversive of nature's intention in these cases, have fallen into desuetude, and there is but little professional confidence in the latter, on account of their inefficiency to excite or maintain a due degree of action. Passing by the various methods first enumerated, as utterly irreconcilable with our pathological notions, we will briefly allude to the seton, which has been generally resorted to within the last few years, and which is reputed to be more successful in the treatment of Pseudarthrosis, than most of its predecessors. Dr. Physic of this country, has the merit of having first proposed and executed this operation, and Sir charles Bell brought it into use in Europe. Under the influence of such sanction, it is not surprising that the operation gained many advocates, and an additional recommendation, calculated to encourage a resort to it, was found in its simplicity and mildness, and the ease with which it was performed. But, if we may judge from the descrepancies found in reference to the rules of its application, and the frequency of its failures, we are constrained to believe its merits have been overestimated, and that it

has been continued more for its comparative superiority, than from its intrinsic merits. Some of the objections to this procedure suggested by experience, are: First, the difficulty of deciding upon the length of time the seton is to remain, some writers declaring that two weeks is sufficient for the desired purpose, whilst Dr. Gibson, whose experience in its use, renders him a competent exponent of its merits, says, "Four or five, and sometimes twelve months should elapse before it is removed," and the cases of failure, which, as before remarked, are numerous, have been variously attributed to its protracted presence, or its early removal. In the second place, we believe it does not fulfil the existing indications; we shall now have occasion to apply the pathological principles to which we alluded in the outset. We have seen that one of two conditions is present, preventing the union of broken bones; the plastic material is deposited in sufficient quantity and in healthy quality, and subsequently arrested in its reparative operations by the occurrence of undue inflammation; or, it is deficient in quantity and perverted in character, as frequently happens in depraved and cachetic constitutions. In either case nature is not wholly at fault; her efforts are perpetuated, the earthy portion of the ends of the bones is removed as in favorable circumstances during the second stage of union, the remaining plasma undergoes partial organization, the rounded ends are bound together by ligamentous bands and interposed and covering the ends of the bones is found a cartilaginous crust. The indications here are to bring to the point of injury, the material of union, and it is often not sufficient that we excite sufficient action to effect this, in the vicinity of the part. There are intervening obstacles to be removed, and we must excite a degree of action, not only sufficient to bring the reparative element, but a degree of action before which the adventitious formations will perish. This may be safely done, as it is well known that these accidental formations will fall before a degree of inflammation not inimical to the integrity of the original tissues, but to effect this object, we believe the seton is in many cases inadequate. The skein of silk as it passes between or about the ends of the bones, may awaken inflammatory action in its track, and this may excite a plastic deposit, but this deposit is only in its immediate vicinity, and the highly conservative powers of the part becoming aroused, speedily throw around the foreign body a barrier of fibrin, which protects surrounding parts, in which it is no less essential to change the condition. Having failed in this way with the seton in a case of false-joint occurring in the shaft of the humerus, where, after its presence four months, the result seemed to be nothing more than a fistulous track, I resolved,

should another opportunity offer, to apply the principle of subcutaneous section, an operation in every way calculated to fulfil the indications in these cases, and reconcilable with every true pathological consideration. This opportunity was not long wanting. Sometime in the early part of August, 1849, John Cochran, aged 26, of sanguine temperament and irregular habits, requested my attention to an ununited fracture of the right tibia. Several months before, he had fallen from a gang-way whilst in a state of intoxication and snapped the tibia at the middle of the shaft. A physician was called who applied the usual apparatus which remained firm, until the second night after the injury, when the patient was attacked with delirium tremens, and in one of his paroxysms deranged the dressings; they were reapplied the following day, but retention was impossible on account of the violent and uncontrollable muscular exertion almost constantly present. The delirium was subdued on the sixth day, the patient became quiet and the apparatus was again firmly adjusted, and suffered to remain four weeks.

Upon its removal it was perceived that no union had taken place; and when the patient applied to me—four weeks after, the usual appearances were present. The bones were movable at the point of fracture, and there was an inability to bear any weight upon the injured limb. The patient's health having improved, and being at this time in a good state, I resolved to operate at once. I accordingly procured an instrument somewhat resembling the common Tenotome, but considerable stronger and triangular towards the point, and directing two assistants to bend the limb as much as possible at the point of fracture, to render the ends prominent, I introduced the instrument beneath the skin on the inside of the leg, half an inch above the end of the lower fragment, and directing it downward, cut the ligamentous connections of the bones and made several crucial incisions with some force against the broken end. It was then withdrawn and introduced on the outside of the limb, below the fracture, and carried upward against the lower end of the superior fragment, where the same incisions were repeated. The instrument was now withdrawn, the finger pressing upon, and following its receding point—the wound accurately closed, the leg put in the fracture box of the Pennsylvania Hospital and the patient laid in bed.

The limb was examined on the third day. A considerable tumefaction occupied the vicinity of the fracture, but the part was but very slightly inflamed, there was but little pain and no fever. Two weeks after the operation the patient was again seen; the part was still some swollen, but firmer and less tender. The starch bandage was now ap-

plied, and the day following the patient permitted to leave the bed, and ordered a good diet. Six weeks elapsed before these dressings were disturbed. At the expiration of that time they were removed, and we had the satisfaction to discover that the bones were firmly united, the patient being able to stand and move upon the limb with ease. Six months subsequent to the time I dismissed the patient cured, I saw him again and took occasion to examine the limb. It remained strong and firm, its function was perfectly restored but around and about the former seat of injury there was a great redundancy of ossific formation, the bone very much enlarged, but free from pain or tenderness, and to every appearance in a healthy condition.

In this case we have every reason to believe, that the operation performed, resulted in a cure sooner than any other procedure that could have been adopted; and certainly it was more satisfactory. It presents to the surgeon the manifest advantage of a capacity for modification in regard to the degree of severity with which it may be applied, and consequently enables him to arouse a greater or les amount of excitement as may be necessary. This is a consideration of no ordinary value when it is remembered that in old cases the parts become so firmly knit together, and the new formation acquires so much integrity, as to demand extensive laceration or division, to induce a requisite amount of inflammation to furnish the material of repair, and establish a basis for the reparative process; whilst on the other hand, in recent cases, the irritation occasioned by a skein of silk is scarcely necessary.

But, a more important advantage is found in the fact, that whilst it is competent to reduce the interior of a false joint to a condition most favorable to nature's operations, it does it in a way that further secures to her the aid of a conservative inflammation under the most favorable circumstances. Of all the influences, direct or remote, that serve to thwart the beautiful processes by which she so often prolongs the span of human life, no one deserves to be so strictly guarded against as the irritation occasioned by atmospheric air. The agency of this irritant in the rapid induction of the disastrous events of inflammation is well known; it is this that swells the bills of mortality in compound fractures, and upon this, as involving the principle we have laid down, is predicated the urgent injunction of Surgery, to convert, as soon as possible, by healing the external wound, a compound into a simple one.

In the operation we propose, this enemy to the organization of plastic elements is excluded, and in this light the operation is superior to many, whilst in the ability of the surgeon to excite by it the de-

gree of inflammation he requires—whether it be much or little—it is to be preferred to all the plans which have heretofore been applied to the treatment of this interesting and important lesion.

Art. V.—Glycerine in Paracusis.

This substance, which until recently has claimed but little attention from the medical profession, bids fair to assume a conspicuous position in the treatment of a most interesting and important class of diseases, and if subsequent experience shall sustain the results which have attended its use in the hands of Mr. Wakely and others, the profession will be under great obligations to Mr. W. as the discoverer of its virtues in this respect.

Glycerine is a hypothetical compound, and exists in oils as the medium of union between the margaric, oleic and stearic acids, and is the vehicle of the saccharine matter contained in oleaginous fluids and fats. When separated from its combinations, it presents the appearance of a light syrup and has a mild, sweet taste.

In his article upon the virtues of this substance, after some interesting prefatory remarks, in relation to the responsibility of medical men in announcing new methods of treatment, Mr. Wakely goes on to designate those cases of deafness or impaired hearing, in which the remedy was most likely to succeed, and says, that contrary to what might have been expected, the Glycerine was successful in persons in whom the deafness had been of many years duration. He considers it more especially applicable to cases of deafness caused by inflammation followed by suppuration and then by a horny dry condition of the auditory canal, and also, in those persons where the disease could be traced to the eruptive fevers of childhood.

In illustration of its beneficial effects, Mr W. adduces 11 cases, in all of which, relief followed the application of the Glycerine. One case of 30 years standing, and several of ten years duration, are given, that were immediately relieved by the remedy. We have only room for the first case:

"Miss B——, aged nineteen; Lambeth; has been deaf fifteen years; August 7th. This was a favorable case for the Glycerine. Membrana tympani sound in both ears. The meatus externus of each ear is quite dry A "singing noise" in both ears is continually present. Has been deaf since she had scarlet fever fifteen years ago. The auditory passages are tender to the touch, and the lining membrane appears unusually white, and the meatus very small. The ears were washed and dried, and the external meatus well covered with the Glycerine which proved eminently successful. In a few minutes, to

the great astonishment of her parents, she could hear a whisper. She applied again on the following Monday, and then stated, apparently with great joy, that she had been to church the day previous and had heard the voice of the clergyman for the first time in her life. In this case the Glycerine was applied three times a week for six weeks; after that period it was no longer needed. A cure had been effected, and the ceruminous secretion restored. No return of deafness has occurred."

During the last eight months we have had occasion to apply the Glycerine in ten cases, and in every instance benefit has followed its application; in some cases relief has been only partial, and required a frequent repetition of the remedy to maintain it, but in one or two instances, a permanent advantage ensued.

We introduce the Glycerine to the attention of our medical brethren, hoping they may give it a trial and report the result of their observations.

Miscellany.

Rush Medical College.—We have received the annual announcement of this Institution, located in the city of Chicago, and propose to devote a brief time to its consideration.

Our medical readers are doubtless aware, that within the last year the Faculty of this school have promulgated some novel and irregular doctrines in relation to medical education, and especially in regard to fees. When the announcement for the session of 1849–50 was made, but little more than a year ago, no change was noticed in the policy of the College in this respect, but the lectures were announced to commence on the 15th of October, instead of the first Monday of November as formerly. When the class met, and were about to enter upon the courses of instruction, a sudden change of purpose seemed to take place in the minds of the Faculty, and a resolution to reduce lecture fees was at once adopted, and proclaimed to the profession in an Introductory Lecture, by N. S. Davis, M. D., Prof. of Physiology and Pathology. Dr. Davis had very recently made his advent into Chicago as a member of the board of instruction in the Rush College, and the change of policy thus suddenly adopted was very generally attributed to his influence. It was well known that Dr. D. had for many years held peculiar views in regard to medical education, and that a morbid desire to force these innovations into conflict with the time-honored usages of the profession, had drawn up-

on him a severe retribution from the eminent and venerable Prof. Payne of the New York University.

Dr. Davis did not urge his views of reform without an apparent confidence in their necessity, for he had declared that the "great mass of the medical profession in the United States—ninety-nine out of a hundred—have no practical knowledge of chemistry and botany, and but a smattering of anatomy and physiology." It was this declaration that induced Prof. Payne to institute a comparison between the gentleman who made it, and the medical graduates of American schools. For the result of this comparison we refer our readers to "A Defence of the Medical Profession of the United States," by Martin Paine, A. M., M. D., published in 1846, and which rapidly went through nine or ten editions.

That Dr. Davis was regarded as the projector of this scheme, is further evident from the fact, that he claims to reconcile it with opinions previously held and promulgated, and has in every instance where the heterodoxy of that school has been assailed, taken precedence in its defence.

It would be impossible for us to add any thing to the very able refutation this curious doctrine has received at the hands of several reviewers, but, as embodying our own views, and reflecting the sentiments of a majority of the profession in this country, we shall introduce one or two extracts from the Ohio Medical and Surgical Journal, one of the ablest medical periodicals in the West, edited by Prof. Smith, of the Starling Medical College.

"Free Medical Schools.—Dr. N. S. Davis, Professor of Physiology and Pathology in Rush Medical College, Chicago, whilom editor of the New York Annalist, original proposer of the American Medical Association, &c. &c. &c., has, in an address on "Free Medical Schools," insisted very much on "the inordinate expenses" attending medical education on the present system, and proposes to do away with fees to lecturers, and make medical instruction literally "cheap as dirt." The editor of the Western Lancet has so ably dissected this scheme, and exposed the miserable rottenness and corruption at its core, that did our space permit, we would reprint the whole article. We freely endorse the sentiments of the writer on this subject; and expect the next proposition of Prof. Davis will be in addition to a gratis education, to give the students oyster suppers on Wednesdays and Saturdays, and turkey and venison dinners on Tuesdays and Fridays, for surely it will never do to let the poor fellows starve on coffee and "chicken-fixins." "Mens sana in corpore sano" used to be the motto in our school-boy days; to attend six lectures a day is mighty hard work *we* think, and few minds will be able to labor that much *profitably*, unless the powers physical be sustained; and what's the use of all the learning in the world without health and strength, we

should like to know? If any thing is to be *given* away, true benevolence would *first* see that the objects of her bounty, lacked nothing in the way of "creature-comforts," and *these* abundantly supplied, the intellectual wants might next be cared for. The Chicago system reverses this order, and offers the hungry shivering student, a free lecture on the physiology of digestion, saying "eat and be filled," or a ditto upon animal heat, as a substitute for woolen stockings and overcoat. The plan is new, but immoral; hence 'twill so necessarily be frowned down in this age of regenerate piety and almost universal charity—so universal that even medical schools are becoming tinctured with it—that we have small doubts as to the result."

When the Introductory Address of Prof. Davis was put into our hands, we opened it in the expectation of finding at least some shadow of argument based upon correct principles, in defence of an innovation upon established custom; for, however deficient in its practical application, the law is that rests upon the usages of time, some instinct of our nature has connected it with constantly recurring results that affect to some extent our happiness and welfare, and it were absurd to believe, that in the light of science and human achievement, any interest can chain the intellect to a degradation so profound as that which was attributed to the members of the most learned profession in the world, by the chairman of a committee of the State Medical Society of New York, (Dr. Davis.) But, in this expectation we were sadly disappointed. An attempt at sophistry which the "rottenness and corruption" of the "scheme" render exceedingly transparent, is only relieved by a page or two of good advice to the class.

In a reply to some stricures on his address, published sometime since by Dr. Davis in the North Western Journal, he attempts to vindicate his free school plans by reference to the system of medical teaching in France. As the idea which he advances in connection with the French system of medical teaching is entirely erroneous, and calculated to deceive medical students, we will introduce the reply of Prof. Smith to this part of Dr. D's argument.

" 'Professor Davis refers to free teaching in France, and intimates that it has resulted in elevating the profession of that country, and supposes that the same result would follow here. The illustration is singularly inapt; in France, the most rigid laws exist, prohibiting irregular practice. If each State, (or so many as have suitable localities) would endow medical colleges, and then by legislative enactment prohibit all from practicing who were not graduates of those colleges, the plan might become beneficial; but as such restrictions can never be secured, it is altogether absurd to discuss such contingencies." '

" 'It is intimated by prof. D. that this free system would induce pupils to study longer, and consequently more accurately. Our experience teaches the contrary. Most, if not all schools, admit pupils

free to a third course, and yet how small a proportion avail themselves of this free system? Not one in fifty! They are not willing to pay the expenses of board for the privilege of attending' one or more courses free, in addition to those required by the regulations of the school to admit them to examination for the diploma.

"We leave Professor Davis to make a satisfactory reply to these strictures as he best may; and that his position with regard to the French schools may be appreciated, we will present our readers with an outline of the system of medical education pursued in France.

"Every thing appertaining to learning is there controlled by the Government, through the Minister of Public Instruction, and no one is permitted to teach, not even in a primary school, who has not previously been thoroughly examined and passed by the proper tribunal.

"The Academy of Paris, the most important branch of the University of France, consists of five Faculties, namely—those of law, medicine, letters, theology, and physical sciences, that of medicine comprising three secondary faculties possessed of equal rights, and located respectively in Paris, Montpelier, and Strasbourg, the professor being paid by the State, and elected for life, and the lectures on all the branches of science delivered in public schools, being free.

"The Medical Faculty of Paris consists of twenty-six Professors, with fixed salaries of from two to ten thousand francs, chosen by Concours, but subject to the approbation of the Minister of Public Instruction. Besides these there is not less than fourteen Professors attached to the school at the Garden of Plants, who lecture in the Spring and Summer, on medical and collatteral sciences.

"*Four years* is the time allotted for making preparation for a final examination; and before being allowed to matriculate, the student must present his diploma of Bachelor of Letters, or be passed, after one hour's examination in Greek, Latin, French, General History, and Geography. If the father or guardian of the student does not reside in Paris, then he must procure some responsible citizen to be security for his good conduct.

"After one year's study, and previous to being admitted to the first examination, he must take the degree of Bachelor of Sciences, the examination of which is on Mathematics, Chemistry, Zoology, Botany, Physics, and Mineralogy.

"The first examination for the degree of Doctor, is on Chemistry, Physics, and Medical Natural History. The second, at a stated interval thereafter, is on Anatomy and Physiology, the third on Internal and External Pathology, the fourth on Hygiene, Legal Medicine, Pharmacy, Materia Medica, and Therapeutics.

"The fifth and last, conducted at the Hospital of the Faculty, is altogether practical, consisting in the examining and prescribing for two patients, selected from the wards of the Hospital, before a committee of three Professors.

"As the first four examinations take place at determinate intervals, and are only on particular branches, the whole course being marked out for the student, he knows precisely what he has to study, and does not proceed to higher branches, until he has mastered and been examined in the lower.

"The fees alone amount to $220, and though there are French students who contrive to live, or rather to starve, on a little over $200 per annum, few *can* live as an American student *would*, under $500 or $600 a year, and these sums are exclusive of books, instruments, clothes, amusements, &c.

"It will be seen that the very minimum of expense incurred in obtaining a degree at Paris, is, for the poorest student, considerably over *one thousand dollars*, leaving the expense of the preliminary education and degree, altogether out of the question; and moreover let it be remembered, that the value of money is much higher in France than in the United States; indeed, of all places in the world, we look upon France as the country in which to study economy, and we speak from experience."

So much for the example of the French. In the language of Prof. Smith, "All comment on the above statement viz-a-viz free schools a la Chicago is unnecessary." Prof. Davis does not even pretend that the Government of the United States, or of the State of Illinois, in which the Rush College is located, has endowed it, or extended any aid in carrying out a system, which to succeed, he acknowledges must be based upon Governmental protection and support. And this is true, for how can a Medical Faculty, who are not placed in the most independent pecuniary circumstances, accumulate the numerous and expensive appliances which are essential in medical teaching?

But let us take leave of the Introductory Address of Prof. Davis, with its sophistry, its "rottenness," and its promises, and see in the announcement before us, how the latter have been redeemed. It was said a year, ago that fees would be abolished altogether, and that lecture terms would be extended. According to this announcement the term will not be so long, and the fees remain the same—or nearly the same, for last year it was $36 for the course, and this year, "to get rid of the many evils attached to the system of credit, the Faculty have reduced the fees for a full course to the very moderate sum of $35 IN CASH."

This last sentiment might mitigate the irregularity of the proceeding in the eyes of many, if it were not for the agreeable *coup de grace* which immediately follows: "No credit will be given for lecture fees, unless by special agreement with the Secretary of the Faculty." Special agreement with the Secretary of the Faculty! Who is the Secretary? Is it not Prof. N. S. Davis who declares he is in favor of making medical education free altogether? It is absurd to talk about a cash arrangement for tickets with one, who declares it to be his honest conviction, that there should be no fees at all, and we think we may safely say to medical students, that they may anticipate no difficulty in making a "special arrangement with the Secretary of the Faculty."

To conclude we will remark, that it gave us pleasure to hear, that the subject of Free Medical Schools, in connection with the late conduct of the Rush Medical College, was brought before the American Medical Association at its last meeting by Dr. Meade, of Chicago, and that it was referred to an appropriate committee. We hope the Association will not shrink from its duty in the premises, and that whilst its members are making requisitions upon the American Schools, reformatory in their character, they will at the same time labor to maintain a sense of honor, dignity and propriety in cases where there is no written law to apply. In doing this, no injustice will be done to the Rush School, on the contrary it will confer a benefit; for, if the medical profession have spoken honestly upon this subject, that institution will be forced into a state of isolation at no distant day, that will seriously affect the reputation of her Alumni in the estimation of the world.

SALUTATORY.

We take pleasure in presenting to the medical profession of Iowa and the West, the first No. of a Journal devoted to the interests of Medical Science, which will be continued two years under a difinite arrangement, and longer, if the patronge realized will justify the effort.

This is the first Medical Journal ever issued west of the "Father of Waters," north of the Missouri, in that boundless region, the commerce and power of which, is destined to affect the American continent, and which in its rapid—almost magical transition from nature's wildness to the cultivated fields—the flourishing villages and populous cities of civilized and enlightened man, presents a subject of reflection, unsurpassed in interest in the annals of the world. There are many circumstances incident to an enterprise of this kind, calculated to discourage those who embark in it; yet there are others, which have stimulated the editors of this Journal to efforts in its publication, which they would not have made from any other considerations. The varying fortunes of periodicals, literary and medical, have not escaped their attention, nor have they overlooked the labor and care necessary to sustain the scientific character of a production of this kind; but they flatter themselves that motives have guided them, which allow no compromise with obstacles to the prosecution of a high and virtuous object. This reflection, mingled with a confidence in the medical profession of this country, that many years of intercourse have served to strengthen, has impelled us to devote our

time and means in this way, to the advancement of a science, which in its onward march, affords the surest means to those who cultivate and practice it, of an eminence and a distinction, more consonant with human happiness, than any other attainable by human effort.

One error of opinion we have noticed with our medical brethren, as often perhaps as any other. It is the impression that medical science may sustain consistently with its honor and integrity, a state of independence and isolation in the vast field of intellectual achievement, and that its votaries may consequently discard those instrumentalities of progress, which have become essential to the human mind in other pursuits. This is an important mistake. Our profound and beautiful science, dating its birth from the time when man first suffered the pain of disease, has increased with his suffering and infirmity, and the same necessity which gave it birth and perpetuated its cultivation, has mingled its benign influence with, and drawn its life-giving resources from, every department of knowledge, which the industry of man has served to unfold.

This universal and intimate relation between the various departments of natural science, involving medical philosophy in such a multitude of reciprocal influences, renders it necessary for the enlightened physician—he who would illustrate its highest glory to the world—to enter into the general spirit of progress which now pervades mankind, and in order to do this, the means of extended usefulness must be at his command.

One of the means by which this object may be accomplished, we now furnish to the profession in the columns of our Journal; a means that more than all others will facilitate an inter-communication of thought—an interchange of experience and observation, which will rapidly develope the energy and genius of the profession of the West, and connect them in a scientific brotherhood with the profession in those portions of our common country, where the light of truth, through the medium of the press, now shines with so much brilliancy.

Fancy lends no aid to this prospect. The reality will speedily follow our brightest conceptions. In some of the members of this glorious confederacy are to be seen the signs of our future promise. Commonwealths, where quickly following the tread of the savage, the genius of a Godman and a Rush sprung into light, and the name of a Hosack or a Mott, towered up before the world. There was nothing more in their land to awaken the effort at honorable immortality, than we find in our own. The infirmities of man—his disease and suffering were the objects of their care, and in the mitigation of these, they achieved their renown. We are in the midst of the same circum-

stances, and the boon of life and health is no less precious in our broad and beautiful West.

Shall we not then, in the spirit of science, concentrate our efforts to the accomplishment of this end, and in the erection and institutions of medical learning—the formation of societies for medical improvement and the generous support of a medical press, secure the speedy fulfilment of a destiny we have feebly attempted to indicate?

With full faith that our medical brethren will respond to these sentiments and extend to our Journal the necessary support, we enter upon our duties with a pledge, that no pains or labor shall be wanting to make it worthy of their confidence.

Apologetic.—We request from our medical brethren a lenient critique in regard to the first number of the Western Medico-Chirurgical Journal, since amidst constant professional occupation of one of the editors, time has not been afforded for the preparation of the present number in a manner that will hereafter characterize the work.

Our esteemed colleague Prof. Armor, who will hereafter have in charge the department of practical medicine, has been detained in central Ohio by illness. Recent intelligence advises us of his recovery, and of the prospect of his speedy arrival in this city. He will at once enter upon his editorial duties, after which our friends may expect an additional interest in the pages of the Journal.

Gentlemen to whom this Journal is sent will please request the postmaster to return the first No. if they do not wish to become subscribers. It is sincerely hoped, however, that none will be returned, but that those who receive it will retain it, and procure, when convenient, the names of members of the profession in their town or vicinity, as regular subscribers, and forward them to the editors at an early day.

We have received the proceedings of the Iowa State Medical and Chirurgical Society, organized at Burlington, June 19th, 1850, but too late for insertion in this No. of the Journal.

We respectfully solicit an exchange with the Medical Journals, to which this No. of the Western Medico-Chirurgical Journal is sent.

THE

WESTERN

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Art. I.—Dysentery. *By D. L. McGugin, M. D., Professor of Theory and Practice in the Iowa University.*

Close upon the retiring steps of the Cholera we have had, in this city, an epidemic visitation from dysentery. It has been observed heretofore to follow in those districts and localities which had been but recently scourged by that dread malady. It can be readily accounted for on the ground, that, during the prevalence of the Cholera, there was a manifest tendency to the bowels, and that after influences, which will be referred to hereafter, modified this morbid tendency and developed the disease in the character of an epidemic. A very large proportion of those who escaped an attack of the Cholera, were afflicted with frequent and repeated diarrhœa, producing debility of the bowels and consequent irritability, which, together with hepatic derangements, prepared the way for the full exercise of those agents which were active in developing and modifying the latent morbific influences of the system. These agents and influences were doubtless the rapid change from hot to cool weather, the alternations from noon-day warmth to the low temperature of autumnal nights, and the production and presence of more or less miasm. The former should be regarded as the predisposing, and the latter, the exciting causes of the disease.

A few cases occurred sporadically in the early spring and during the succeeding summer, which were regarded as simple dysentery without any embarrassing complications.

As the season advanced, and the number of cases increased, the complications became more frequent, in some cases with gastro-interitis. The inflammation usually extended no further than the lower portion of the colon, but occasionally it could be tracked throughout

the extent of the colon to the ileo-cœcal valve. In general the rectum suffered most, and in a few cases the inflammation of this portion of the intestinal tube was of the most intense character, giving rise to unusual distress and suffering, and the most painfully urgent tenesmus. In others again, there would be found more than usual inflammation of the colon, indicated by unusual tormina. Palpation would, in a few instances, reveal tenderness over the general surface of the abdomen, but more frequently it was confined to the pubic region and the sigmoid flexure of the colon.

The pulse would be found small and frequent, and in a few days after the attack, quite feeble. At no time have we found the pulse as vigorous as we have observed in former visitations of the same disease. The tongue was usually found red at tip, along the edges, contracted and pointed, and covered with a brown fur. The stools were biliary, mucous, and sanguinous, and with combinations of these. Sometimes there was bile with mucous; sometimes blood and mucous, and this proved the most frequent admixture; sometimes all of these were conjoined, while in others there would be serum and dark blood. This last was oftener evident in gastric complications. In a very few cases there were scybala coated over with mucous and blood. This was the case when the colon was particularly impressed, and, in these instances also, the colon,—particularly about its flexure, would be found distended with flatus.

Except in a few instances, the type has been remittent, so far as the observation of the writer extended. This finds a corroboration in the reports of two or three of our respectable cotemporaries. Usually the febrile phenomena would follow the dysenteric symptoms, but often they appeared together. In these last, it is very difficult to say whether it is a purely miasmatic, or a purely dysenteric fever. The appearance of the dysenteric symptoms for several days before the occurrence of chill followed by fever, would point out dysentery modified by miasmatic influence. Albeit the occurrence of rigors followed by pyrexia, so uniformly manifest in the course of the disease, sufficiently declared the complication, which was further confirmed by the occurrence of distinct remissions.

In adopting a plan of treatment applicable and proper in this disease in the form in which it presented itself, it was required that an investigation be had of the aspects and circumstances preceding and attending its advent in an endemic form. One fact was very apparent, and that was a speedy loss of the vital forces indicating the force of the morbid impression exerted upon the nervous system. The feebleness and frequency of the heart's action, the gastric op-

pression and irritability of the stomach, the great nausea, deep sighing, the negative condition of the skin and coldness of the extremities, all gave unmistakeable evidences of a rapid diminution of the vital properties. The circumstances under which the disease made its invasion may explain, in a good degree, the causes for this evident loss of nervous energy.

As already indicated, the presence of the cholera and its physical tendencies and peculiarities, the depressing mental influences and emotions arising out of fear, and anxiety continued and prolonged throughout the summer, the unusual degree and long continued heat of the atmosphere, the alternations of temperature from sultry noonday's heat, to the low temperature of autumnal nights, often with moisture superadded, and the production and dissemination of miasm, were causes which exerted a powerful agency in predisposing to this disease by weakening the physical system, and when once attacked, to incline it to succumb under its power and force. Not only was this apparent in this affliction, but was also manifest in many other diseases. And we doubt not but that this loss of the dynamic powers were more or less apparent in all cases where the subject had been exposed to, and continued under, all the influences referred to above.

In entering, then, upon the treatment of this and other diseases, whose tendency was to induce rapid loss of the powers of the system under the most favorable circumstances; at the outset, the most skillful discrimination was required, in the selection and adoption of that course of treatment best calculated to meet the indications, without inducing *farther* prostration and loss of the vital forces of the system. And we are free to say here, that without practicing this necessary care and caution, the most serious results are likely to be produced, beyond recall, irremediable and irremissible.

Active purgatives and drastic cathartics, in any case of very doubtful propriety, if ever admissible, were not so in the form in which it prevailed here. The writer has the hearty concurrence in this opinion of Prof. Sanford, whose opportunities of observation, and ability of scientific application of cause and effect, none will deny.

The treatment was general and local. To remove hepatic obstauctions, to prevent the recurrence of the exacerbations, or to moderate their intensity, to relieve the suffering and subdue the local inflammation, were objects of the first importance in the treatment.

Emetics of ipecacuanha were often serviceable in relieving the stomach of morbific accumulations, but tenderness upon pressure over the stomach, indicating gastric complication, was a warning against their use. If used, it was only upon the onset, but it was seldom that

the patient was seen sufficiently early to admit their use with safety or propriety. From 10 to 12 grs. of mass. hyd. followed in two or three hours with ol. Ricini, and the addition of from 10 to 20 gutt. of tr. opii, would generally meet this indication. This shonld be followed by mass. hyd., or the hyd. cum certa at stated intervals, and in such proportions as to awaken an action upon the liver, and produce healthy secretions. Opium should be liberally added to relieve pains and allay peristaltic action, and when the discharges were sanguinolent, the use of acetas. plumbi. proved valuable as as an astringent and a sedative. The skin was usually constricted and dry, and then the addition of small portions of ipecac. would not only determine to the skin, but would increase the effect of the mercurial. The warm bath, to the extent of 10 or 12 minutes immersion, has been found highly salutary, when rigidity of the skin was persistent.

One important feature in the treatment of the form in which it appeared here this autumn, was the prompt and energetic use of quinine. In remittent cases at any time the use of the stimulant, the sedative and antiperiodic properties of this article is indispensable. It should be used with diligence and effect during the remission, with or without the morphine. The patient should be carefully watched, and upon the occurrence of perspiration, softening of the pulse, and coolness of the skin, the quinine in doses of from 3 to 5 grs. to be given every hour up to the recurrence of the paroxysm. If the first remission should escape, and the pyrexiæ supervene, increased vigilence should be exercised by an intelligent nurse, or the presence of the medical adviser himself, about the period of the former cessation of the febrile symptoms. This step is sometimes most important, because of the tendency to fatal congestion upon some vital organ.

These remedies should be given in combination, in the form of pill, every four to six hours, alternating with ol. Ricini. in such quantities as to produce feculent discharges from the upper bowels every twelve hours. This should always be given conjoined with an opiate. Every practitioner of experience well knows that this last, instead of arresting, on the contrary promotes, the action of the former by relieving spasmodic constriction usual in this affliction. This course is not only useful, but emphatically demanded in its efficient and successful treatment. By keeping the bowels under the action of an aperient, we prevent the occurrence of the dysenteric discharges and the attending tenesmus.

Injections of the nitrate of silver thrown up the rectum, in the proportion of from one to three grs. to each, and repeated, is often attended with the happiest results. No one remedy will so successfully

control the inflammation of the lower bowels. This may be used early in the disease, alternated with acetate plumbi and tr. opii, ten grs. of the former, and one dr. of the latter. When after the disease has advanced, and there is muco-purulent discharges, the black wash with the addition of the tincture, and an opium suppository. Opium must be used to the point of relief. Not only is it useful to relieve suffering, procure repose and to purchase sleep, but it also promotes the action of aperients by overcoming spasmodic constriction of the bowels. but there are other considerations which are deemed of importance, to which it is proper now to refer.

In diseases of this character, where there is oftimes extensive lesion of structure and destruction of the solids, it is necessary and highly important, that the different depurators of the system be called upon for the faithful performance of their functions. This is imperatively demanded, as well in this as in other affections, but particularly in the adynamic form of dysentery. The brain, the heart and the lungs have been styled, and aptly too, by one of the great luminaries of the profession, the "tripod of life;" with equal propriety the lungs the liver and the kidneys may be regarded as the "tripod of depurators." The busy efforts of observation, experience and induction, assign to other organs this duty, if not in a major sense, at least in a minor degree. To the above have been added, and with much show of reasoning supported by a tissue ot irresisible facts, that the glandulæ of the intestinal tube also perform the office of taking from the blood those ultimate particles of the solids the result of continued decay and loss.

The commonly received opinion that the feculent discharges from the bowels were constituted only of those matters left after all the nutrient particles had been taken up to be distributed throughout the system and to preserve it against these losses constantly going on, is fast yielding to the reasonable conclusion, that the glandulæ of the intestinal canal do eliminate from the blood, matter decidedly fæcal. The fact that fœcal matters have been brought away after the bowels had been but recently relieved of their solid contents—the continued discharge of this matter when no food had been taken—the persistence of a diarrhœa under the same circumstances; these with others, have been pointed out to sustain the position that these glandulæ may and do perform an important part in inviting from the blood those ultimate particles changed and putrid, and per consequence, if allowed to follow the round of circulation, would be found promoting and aggravating the morbid phenomena, already rioting upon the vital organization.

The disease now under discussion, furnishes to the observer a strong illustration in proof of this position, for ofttimes there is such a loathing of food for a number of consecutive days, that none is therefore taken; during, and at the end of this period an aperient will bring away feculent discharges, giving often the most decided relief to the sufferer. Spontaneous discharges strictly of this nature have occurred with like happy results. This proves two things: first, that in these instances the discharges could not have been made up altogether of resulting matter from the digestion of food; and secondly, if not, the relief and amendment following show that their distention has largely contributed to the perpetuation and aggravation of the morbid train of symptoms. Their fœtor and putrescency often so marked, sufficiently show the share they have had in the production of the previous morbid manifestations.

There is often also a suspension of the urinary secretion, and, as the kidneys are important depurators, the morbid particles thrown off by this emunctory are also retained, further to aggravate the symptoms, prolong and perpetuate the disease.

How important then in the treatment of this disease, especially where there is manifest degeneracy and wasting of the solids, that these depurators be solicited in kindness, to activity and efficiency in throwing off this continued waste. The use of alkalies, or the preparations of soda, will seize upon and correct these degenerated particles, and free diluent drinks will awaken an action upon the kidneys and wash them from the blood. The necessity for continued and gentle action upon the alimentary canal throughout its extent, will largely contribute to the healthful purification of the system. The experience of every observing physician, reminds him of the happy results which follow spontaneous fœcal discharges and the increased urinary excretions; he follows the suggestions of nature and seeks to accomplish by gentle measures the same end. He adopts those therapeutic agents competent to the task, and these he perseveringly continues and repeats with such care and circumspection, as not further to weaken the powers ot the system, and add thereby to the evils already reeking in the system.

Where there is much tenderness, cupping and subsequently vesication should be used in the epigastric region. These should be followed by warm fomentations, or, what is better, a large cataplasm of hops and bread to be frequently repeated. External applications in this form are, we fear, too much neglected. Their use should be persevered in. Next to the solution of nitras. argent. as an injection, is, the black wash. It should be used only when there is ulceration and

particularly in typhoid cases. In these cases too, the internal use of the following mixture has been of marked benefit: nitric acid 1 dr., aqua camphora 6 oz., spts. lavender comp. 2 oz., tinct. opii 80 gutta, M. ft. mistura. One table-spoonful of this mixture every three or six hours.

Art. II.—**Therapeutical Effects of Turpentine.**

By Thomas Smith, M. D.

The diseases for which turpentine has been prescribed, and which have been materially relieved by it, are extremely numerous; there is scarcely one, whether acute or chronic, sthenic or asthenic, which has not been successfully treated, if the testimony of some of the first practitioners of the age is to be credited, by the medicine under consideration. It would be a useless task to cite all the cases and all the maladies in which the admirers of this drug have found it advantageous. Suffice it to say, that in every instance where prejudice has not interfered, and where ignorance has not prescribed, this drug has obtained favor and proved itself a faithful friend.

In passing in review the numerous disorders for which it has been ordered, as I wish this paper to have a practial bearing, I shall dwell as briefly as posible upon all those which have not come under my own immediate observation. Those who desire a more extensive acquaintance with the nature, properties, and uses of this drug than is to be met with in these sketches will do well to consult the pages of our monthly and weekly periodicals which, for the last thirty years, have occupied a prominent place in the medical literature of Europe and America. The writings of Dr. Copland, Paris, Pereira, Eberle, Thompson, Brande, etc., the Dictionnarie de la Matiere Medicale, and the records of ancient medicine, contain an amount of valuable information regarding the properties of turpentine. In common with other medicines, its therapeutic effects are liable to be modified by numerous circumstances, viz.: the seasons of the year, the idiosyncrasies, age, or sex, of the individual, the special or general cause of the malady, or its occurrence before, or subsequent to, any general or universal epidemic. From a neglect of these precautions, many really valuable remedies have, thought somewhat undeservedly, fallen into disrepute.

As a rapid and safe *counter-irritant*, there is no drug more efficacious than warm oil of turpentine or camphine. I have never known an instance of its acting injuriously when thus applied; it never produces strangury or any uneasiness of the urinary organs, like preparations of cantharides; and here I fully coincide with the opinion expressed by the late Dr. Ryan, that when counter irritation is deemed imperatively necessary in severe acute diseases, as cerebritis, hydrocephalus, pneumonia, enteritis, peritonitis, or hepatitis, it is an extremely inert and unjustifiable practice, to wait for twenty-four hours for the irritating effects of a blister, when the same may be prodced in as many minutes by epithems of warm oil of turpentine.

Veterinary surgeons have condemned the external use of turpentine as an epispastic; it has been asserted that, when applied to the horse, it prevents the hair from growing. I do not think this correct. Some years ago I had a gray mare, which was seriously injured about the head and forelegs by an accident. Contrary to the recommendation of my veterinary surgeon, who insisted upon the application of tincture of myrrh, and greasy unguents containing gunpowder, I determined for once to try the experiment, if an injury to a horse might not be remedied by the same means as one in a human subject. I had the wounds carefully fomented and poulticed, and afterwards applied an ointment, consisting of resin ointment and oil of turpentine. The animal recovered without any material disfigurement. Last year I had a black horse consigned to me by a friend in Yorkshire, which met with a severe accident in its transit on the railway. The horse was treated in the same way as the one above, and in a few months was perfectly restored, without any other blemish.

The linament, by means of which the celebrated quack St. John Long was supposed to have performed miraculous cures, was a mixture of the oil of turpentime, pyroligneous acid, and yolk of egg.

As a *vermifuge*, turpentine has been given in the form of Chambert's oil. This is made by mixing one part of the empyreumatic oil of hartshorn, with three of oil of turpentine, allowing them to stand for three days, and afterwards distilling off three-fourths of the mixture by the aid of a sand bath. It very soon becomes blackened, by exposure to the air, and therefore ought to be kept well corked, and excluded from the light. It is extremely nauseous; and, on that account, is not likely to come into general use.

As a *purgative*, turpentine ought never to be administered alone, in large doses, during the winter, or in cold damp weather: because under these circumstances, it tends, in common with other hydrocarbons, to supply fuel to the body for the evolution of animal heat, rather than exert any therapeutic property. Indeed, I very much question the propriety of giving it alone, as a purgative under any circumstances whatever. There are some writers who do not hesitate to recommend it in doses which I consider unjustifiable. In winter, cerebral congestion may supervene; in summer, intractable diarrhea, from over-excitement of the mucous membrane of the bowels. The case of Dr. Copland furnishes an instructive example on this head: ten drachms of the oil of turpentine were swallowed, and failed to induce action of the bowels or kidneys; the consequence was high, cerebral excitement, followed by a train of unpleasant symptoms, which it would be dangerous, in some constitutions, to excite.

Turpentine is, however, often a valuable addition to other purgatives, as it possesses the faculty of increasing their activity in a remarkable degree. I have known a lady, who, for forty years, was unable to procure an evacuation without the most drastic purgatives. She succeeded in obtaining daily action by the simple composition of a teaspoonful of caster oil with ten drops of oil of turpentine. I have had another case under my care, where the same combination enabled me to relieve the augmented suffering occasioned by obstruction of the bowels from chronic meningo-myelitis of several years duration.

Whatever may be the object for which turpentine is exhibited as a purgative, whether fit for the expulsion of parasites infesting the human body, or as a revulsive in cerebral affections, the dose should never exceed half an ounce at one time; and to insure its purgative action, it ought to be united with some other aperient, as caster oil compound infusion of senna, sulphate of magnesia, or the decoction of the bark of the root of the pomegranate. If prescribed in the above dose, in conjunction with any other active purgative, we run little risk of inducing stranguary, or any other unpleasant symptom. It may be repeated at intervals of four hours, with perfect safety. Though some authors have stated that the dose of the oil of turpentine may be from half an ounce to two, or even four ounces, he must be a very bold practitioner who would take this suggestion for his guide. If the first named quantity will not suffice for the destruction and consequent expulsion of a tenia, a larger amount given at one time will equally fail; for it is not by the aperient properties alone of the medicine (as I shall hereafter show) that the death of the worm is effected. As a *diuretic*, the dose may be from five to thirty drops, taken in any aromatic water, or mineral saline. I have rarely found patients object to its use, when exhibited with the salines of either Cheltenham or Harrowgate; and the numerous cases in which I have prescribed it, in conjunction with the waters from these mineral springs, have convinced me, that this union is especially indicated where we are anxious to direct its influence to the renal organs.

As an *astringent*, in doses varying from 20 minims to a drachm, according to the urgency of the symptoms, and repeated every three or four hours, turpentine is one of the most efficacious remedies which we possess. The best vehicle for its administration, in the first place, is water, flavored with syrup of orange, or any other agreeable aromatic. It may afterwards be advantageously combined with any other therapeutic agents, which the special nature of the case may require: thus, in epistaxis depending upon rupture of one or more small vessels, and where much arterial blood has been lost, muriated tincture of iron will form a valuable adjunct. In hematemesis and other sanguineous discharges from the bowels, it may be united with compound infusion of roses; sulphate of magnesia, iced water, and solution of tannic or gallic acid. In some forms of hemoptysis, it may usefully be added to infusions of matico; in hematuria, to the decoctions of uva ursi, chimaphila, pyrola, etc.; or to tincture of sesquichloride of iron, etc. In purpura hemorrhagica, the decoctions or infusions of the barks form with it an excellent adjuvant. In hemoptysis, it has speedily and effectually arrested the hemorrhage; and is a much safer remedy than lead.

In my experience, there is no single medicine in the materia medica that can be compared with it as a *styptic*, either as to certainty of action or to the safety of its effects. It is compatable alike with acids and alkalies.

The *external use* of turpentine has been very general for a great number of years, alone or combined with other rubefacients, such as mustard, strong liquor ammonia, pyroligneous acid, cajeput oil, wine of hellebore, colchicum or opium, tartar emetic, croton oil, etc. It

has very frequently been found of permanent utility, when applied as a warm epithem to the skin in pulmonary affections. Its action is twofold; first, it induces rapid though often transient counter-irritation; secondly, its vapor is inhaled into the lungs, and by its constringent operation on the extreme capillaries of the pulmonary texture, is not infrequently productive of great relief in some affections of these organs. For the purpose of inhalation, I am in the habit of dispersing its vapours through the room by evaporating water containing a portion of it, by the aid of a spirit lamp. When thus diffused through the atmosphere, it may be breathed for two or three hours in the course of the day, by the most delicate chested person, and often with the most marked and striking amelioration of their pectoral symptoms.

Long after the patient has left the room, he is conscious of the taste and smell of the turpentine. I have often detected its presence some hours after he had been submitted to its penetrating influence. I have also employed camphine in the form of a bath, mixed with common soda; or two pounds of the latter with from a quarter of a pint to half a pint camphene, and half an ounce of oil of rosemary, will form an excellent bath. In delicate skinned patients, females and children, two oz. of camphene will be sufficient. I may remark, *in limine*, that the alkaline camphine bath possesses virtues peculiarly its own. In the coldest day in winter, as I have verified in more than one instance, it may be employed with the most perfect safety. Whilst the individual is in the bath, he experiences, to my knowledge, no disagreeable annoyance from the disengaged vapor; on the contrary, if we except the taste of the turpentine, which for sometime remains in the mouth, a sense of calmness and tranquility very often follows a previously disturbed, irregular, or excited condition of the respiratory or sanguiferous systems. After five minutes recumbency in the bath, the pulse is found to be fuller, softer, and slower; I have seen it fall from 100 to 80. The respiration also becomes freer, deeper, and less labored. On coming out of the bath, the whole skin has a peculiar velvety, soft, and agreeable feeling, the breath is strongly tainted with the terebinthinaceous odor. If it have not been too hot, a pleasurable tingling warmth is experienced throughout the whole cutaneous surface; and this, with the preceding symptoms, may continue twenty-four hours. One great advantage of this bath will be found in the circumstance, that it may be employed at a heat from 10 to 15 degrees below the temperature of the ordinary warm one, without inducing that sensation of chill to which some delicate constitutions are so peculiarly obnoxious; ten or fifteen minntes is the length of time a patint ought to remain in a bath of this description. In the fiast instance, it is well for patients to commence with a smaller quantity of the turpentine and soda, say a pound of the latter with two or three ounces of the former, and gradually increase its strength on each repetition of the bath, to the first-mentioned proportions. This bath may be taken every second or third day, according to the urgency of the symptoms and the nature of the affection for which it is prescribed.

I come now to a more particular enumeration of the maladies for

which turpentine and its preparations have been chiefly recommended. They are—sanguineous exhalations from the mucous surfaces, epistaxis, hemoptysis, melena, purpura hemorrhagica; consumption, chronic bronchitis, mucous or purulent discharges from the urethra; grubs infesting the urethra, tenia, ascarides; typhoid, yellow and puerperal fevers, plague; abdominal obstructions, strangulated hernia, tympanitis, colica pictonum, biliary concretions; traumatic tetanus, trismus; apoplexy, hydrocephalus, acute and chronic, epilepsy; neuralgia, sciatica, rheumatism; diabetes, dropsy; inflammations of the eye; cholera, renal hydatids, suppression of urine; burns, wounds, poisoning by prussic acid or opium, salivation.—*London Medical Journal for April*, 1850.

The writer of the above very excellent article, in enumerating the maladies in which turpentine and its preparations have been successfully used, refers to numerous and highly respectable authorities, which, for want of space, we omit. There is perhaps no remedy of the Materia Medica the therapeutical application of which requires more accurate discrimination than the spirits of turpentine. It has long been with us a favorite remedy. Judiciously used, we believe it to be one of our most valuable remedial agents; but a remedy of so much potency requires to be used with caution. Without this, valuable agents are too often brought into undeserved disrepute.

As an organic stimulant, diuretic, anthelmintic, and cathartic, its powers have long been acknowledged by the profession. Observation also establishes the fact that it possesses very marked *styptic* powers. Hence its application in diseases to which reference is made by our author. But to say, in general terms, that it is a valuable remedy in *rheumatism* or *fevers*, is to do it injustice, and to disappoint the hopes of the inexperienced physician. These, with a host of other diseases in which turpentine has been recommended, vary too much in character to admit of its indiscriminate use. When we reflect that it promotes the coagulability of the blood by increasing its fibrin, we should surely exercise much caution in its use in all diseases of an active or phlogistic character. Reasoning *a priori*, we must conclude that it is an unsafe remedy in all the acute phlegmasiæ, and observation, we think, abundantly confirms this view. But the same reason that proscribes it all this class of difficulties, is a strong argument for its use in the general class of diseases of an opposite character, in which there is a broken down condition of the plasticity of the blood and consequently of the dynamic forces of the system. As a stimulant, styptic and depurent in a large class of cases in which this general pathological condition is present, it is perhaps one of our most valuable remedies. A.

Art. III.—Clinical Convictions respecting Ascites, expressed in the form of Propositions.

By Dr. Dubini.

1. When ascites is not the result of a pre-existing, or present, acute or chronic primary peritonitis, it will be found to depend upon hypertrophy with degeneration of the hypochondriacal viscera, the presence of abdominal tumours, a prior or existing dysentery, or upon *cirrhosis* of the liver.

2. In fact, peritonitis, depending on these various conditions of the viscera, is almost always the efficient cause of the effusion. In respect to the operation of visceral hypertrophy and abdominal tumours in inducing it, there can be no doubt. In dysentery, with ulceration of the mucous membrane, inflammation of the peritoneal coat is found. In *cirrhosis*, observation would seem to show, that the fluid may collect in consequence of peritonitis, or, on the other hand, mechanically from obstruction of the capillaries of the liver.

3. Post-mortem examinations prove, that defective absoption by the lymphatics, as a cause of dropsy, is a scholastic fable. Atony may follow the distension and destruction of tissues in the dropsical, but it is never, or with exceeding rarity, primary.

4. Ascites must not be confounded with other serous effusions, especially with general anasarca. The common causes of general dropsy, as hydræmia, scarlatina, Bright's disease, suppressed perspiration, &c., are not the direct causes of ascites, which, as already observed, has its own special cause, and seems also to recognise other directly or indirectly predisposings ones, such as intermittent fevers, abuse of spirituous drinks, and a certain inelastic and relaxed state of the organic tissues.

5. Diseases of the heart, so frequent a cause of anasarca, are never the primary cause of ascites, and if the two are found in coexistence, it is a mere coincidence. A diseased heart may lead to a hypertrophied or degenerated state of the the liver, and this may give rise to ascites.

6. In enormous and old ascites, in which long and forcible pressure has been exerted upon the viscera by the fluid, a shortening of the intestinal tube takes place. In one case, the entire length of the canal was not more than three times that of the body.

7. The treatment by means of drastics is prompt, and always much desired by the patient, who wishes to relieve the distension as rapidly as possible. It is rare for them, however, to produce permanent cure, and the relief they at first afford is often followed by a relapse, under the influence of which the patient quickly finds himself in a worse state than before. If a red, shining, or excoriated tongue indicate a pre-existing diarrhea, in place of a relapse, drastics will cause irreparable mischief, by provoking a second and artificial diarrhea, which will only cease with life itself.

8. Diaphoretics, employed in this generally non-febrile disease, are praised in the books: but what practitioner ever prescribed them for apyretic ascites? Nature alone, in particular cases, contrary to our physiological laws, induces simultaneous profluvia of sweat and

urine, until the ascites is totally dispersed. Iodine and mercurial frictions, are but therapeutical delusions, although in certain cases, in which the symptoms of peritonitis still exist, calomel may be of service. The frequent failure of diuretics is well known.

9. When even the local abstraction of blood is no longer admissible and it is hence presumable that the peritonitis no longer exists, *compression* of the abdomen by a bandage is a useful aid to diurectics.—Like all other means it may be misused, but twelve years' experience of it leads the author to state, that if the dropsy be not encysted, and the lower extremities have not become edematus, compression will not only in the majority of cases remedy the effect, but frequently also remove the morbid cause of the effusion. In very many cases, he has seen the same diuretics, which had long been uselessly employed, succeeded admirably as soon as a methodical compression was conjoined to their use.

10. After recovery, when the ascites has depended upon dysentery or primary chronic peritonitis, a relapse may be prevented by opening an issue, at the inner side of the leg, just below the knee. After the application of a very small blister, a minute ivory ball may be compressed against the denuded surface to effect this.

11. There are certain cases of anasarca, from hydrœmia, in which the ascites though not primary is very considerable, and threatens suffocation from its rapid increase. In these there is always found a degree of hypertrophy of the liver. a section exhibiting it of a bright yellow color, and of the consistence of soft chalk. The blood is scarcely red, and very watery. All the symptoms of chlorosis, and some of those of scorbutic are present, as palpitation, syncope, vertigo, tinnitus, muscular debility, pallor of the mucous membranes, anorexia, thirst, constipation, paucity of urine, and sweating, with frequent attacks of epistaxis. In these cases, the suffle heard after the first sound of the heart is rather referable to the serous crasis of the circulating fluid, than to any defect in the circulatory organ. For this train of symptoms the author had long sought medicinal substances, which, while they proved unstimulating diuretics, might remedy the condition of the blood without disposing the organism too much to a state of phlogosis, which, in subject of hydræmia, always terminates in new effusions, that in their result prove fatal, if they do not so in their immediate consequences. What he terms a "martial lemonade" has best fulfilled by its effects the chief indications, and especially by causing a free diuresis. It is formed by dissolving six grains of sulphate of iron in a pound and a half of water sweetened with an ounce of syrup, and adding a drachm of sulphuric acid—the period and continuance of its administration, and the dose in which it is given, being regulated by the practitioner, according to the exigencies of the case. Its use is contra-indicated in those cases in which the tongue is red and glazed, or has prominent papille, and when a certain amount of febrile action indicates the presence of thoracic inflammation or of hepatic peritonitis.—*Bulletino delle Scienze Mediche*, ser. 2, tom. xv, pp. 343--51.

Surgery.

Art. IV.—Surgical uses of the Nitrate of Silver.

By J. F. Sanford, M. D. Prof. of Surgery in the Iowa Uniniversity.

No remedy in the Materia Medica may rightfully claim a higher consideration from the surgeon than the Nitrate of Silver, yet we believe there are few so little appreciated by the general body of the profession: it is true, that in a few cases it has been the resort for some years past, but even in those cases, its use has been so restricted as to disappoint many who have been disposed to test its virtues, and we find, that in the treatment of many diseases, in which its curative powers are undeniable, it is scarcely known.

A fact of great interest as connected with the remedial powers of the Nitrate of Silver, is its certain efficiency in the cure of many diseases, which under other applications are obstinate and almost incurable. We have seen in the brief period of one week, under its judicious application, changes effected in the general condition of diseased parts, of the most salutary character, and have been able to predict benefits in these cases, where other plans faithfully applied for a year or more, had completely failed.

Mr. Higginbottom was the first to place this remedy in a prominent position before the profession; this he did in some papers upon this subject several years ago, and since that time, having directed much attention to the development of its remedial value, he has been able, not only to confirm his former statements, but greatly multiply the cases in which its use is followed by the happiest results.

Our intention at present is to present little more than a simple enumeration of the surgical diseases in the treatment of which it may be resorted to with the utmost confidence; and whilst we are adducing the experience of the profession in evidence of its value, we will indicate the results of our own observation.

At the head of the list of diseases, favorably influenced by the use of this article, may be placed,

Inflammation.—This morbid condition, comprehending in its pathogenic tendencies almost every disease in the province of surgery, is greatly influenced in its general or common phenomena by the judicious application of the nitrate of silver. To facilitate a reconciliation of this fact with the common impression of medical men, we will briefly allude to some points in the pathology of this lesion, and then to the modified effect of the remedy we are discussing, in differ-

ent degrees of its application. Inflammation, as it affects the living tissues indiscriminately, is the result of wounds, chemical irritants, or constitutional causes, and presents, especially when resulting from either cause first enumerated, certain local and stationary conditions, which have been the subject of much dispute with surgical pathologists. A participation in this discussion would be foreign to our purpose at present, and we will therefore omit it. The state of the blood vessels and nerves of the implicated structures, whether it be an exaltation of physical dynamics, or of vital depression, is eminently calculated to impair the integrity of the fluids in such a way as to facilitate a tendency to degeneration, and this frequently occurs, even where a controlling agency is exerted upon the part, by the influence of therapeutic agents upon the general frame.

In some cases, this is mainly dependent upon a general default on the part of the life-forces; as is frequently noticed in phlegmonous erysipelas, and diffuse cellular infiltrations; but in others, it is attributable solely to the influence of external local irritants, whilst the general powers of life maintain a state of the greatest vigor. We have an example of this in the malign tendency excited in an ulcer or a wound by the contact of atmospheric air. But, whatever may be the cause, we find in all cases of inflammation, that disturbance of equilibrium in the tissues and functions of the part which rapidly leads to their destruction, unless held in effectual abeyance. Thus we have, first, a lesion of innervation, and then a disturbance of the function of the vascular system, or, we have this order reversed. In either event, there is soon, an increased effort thrown upon the part, a kind of neuræmia or hyperæmia; indicated in the one case by a great increase of irritability with pain, and in the other, by tumult of the vessels with febrile disturbance.

To either of these conditions, or both, as connected with inflammation, the nitrate of silver is especially applicable, and we will attempt to show the rationale of its operation.

In doing this, we feel that there is but one obstacle to overcome; and that is a prejudice in the mind of our reader against its application in this respect. It is the idea, that nitrate of silver is a caustic, capable under any mode of application, of rapidly destroying the living tissues, and leaving the usual results of these agents behind. If this were true, nothing could be more inappropriate than its application to an inflamed and iritable surface. But Mr. Higginbottom, has successfully combatted this notion, and clearly establishes what we have often attempted to impress upon the classes in the University, before his paper came into our hands, that it is purely a sedative

agent, controlling the incited action of the part, allaying the exalted irritability, and exercising a most soothing sedation upon the vessels of the inflamed surface, highly calculated to arrest the morbid tendencies, and facilitate resolution and the healing process. We have a case in illustration; 18 months ago we amputated the thigh of a boy 16 years old, who had been brought to the verge of the grave, by extensive caries of the tibia extending into the knee joint. The discharge had been profuse; he was greatly emaciated, had irritative fever, and every fibril of the nervous system seemed to be upon the alert. Under these circumstances we could scarcely anticipate a kindly union of the wound we were about to inflict, and our fears were realized, in the appearance, about a week after the operation, of an angry, irritable, highly sensitive, and everted condition of the lips of the wound. The pain, intense in the tumefied and glazed surface, pervaded the entire stump, and gave rise to frequent spasms of its muscles. We saw the parts in this condition and at once applied the nitrate of silver, a solution of a scruple, to one dram of water, with a soft sponge to the part. The pain was relieved in less than an hour, and, continuing its application each day for three or four days, we had no further trouble. A protecting crust was formed upon the wounded surfaces, which effectually excluded the atmospheric air, after the first effect of the silver had, by its soothing sedative influence, allay edthe exalted nervous and vascular irritability of the part. In this case we have no doubt, the action of the atmosphere upon the inflamed parts had occasioned the difficulty, and when that was effectually excluded, and the action changed by the silver, the natural tendency to kindly union was resumed.

This is a solitary case, but we have had numerous cases of a similar character, in which the irritable and inflamed condition, which we have described, occurring in every variety of wound, has been relieved by this remedy.

We frequently have profuse suppuration from cut and lacerated surfaces; all the plastic and reparative material going to waste, as fast as it is furnished from the great laboratory of nature. In these cases, it is asserted by those who have repeatedly observed the phenomenon, that if the surface from which pus exudes so copiously, be touched with the nitrate of silver, the succeeding discharge is immediately converted into lymph. This is sufficient evidence of its conservative and sedative properties, and serves to distinguish it from the hydrate of potash and other remedies of the caustic class, with which it has been ranked; for these latter never fail to *induce* suppuration and ulceration, and, when applied to the living tissues, destroy life,

and by their chemical action cause disintegration, they thus strikingly differ from the silver, which maintains vitality by neutralizing those agencies which serve to destroy it.

Before proceeding to indicate the special diseases to the cure of which this article is applicable, we will allude to the mode of application as influencing the curative results. Mr. Miller remarks, that nirate of silver has two modes of action, according to the severity of its application. 1. When passed lightly in the solid form, or in strong solution over a part previously moistened, the surface, if exposed to atmospheric influence becomes black, hard and dry. This mode of application is never productive of permanent or continued pain, on the contrary, a mitigation of all the ordinary symptoms of the inflammatory process speedily follows; by the production of an eschar the part is effectually protected from external irritants, and by the sedation produced upon the vessels and nerves, the healing process is accelerated. 2. The nitrate of silver may be applied firmly and long enough to produce vesication, and is highly beneficial in this way as a means of counter-irritation, but, as the proportion of cases in which this mode of application is desirable, is small, we will barely make an allusion to it as a vesicatory. It is essential, however, in availing ourselves of its beneficial effects, to remember the fact, that its application is to be modified according to the indication to be fulfilled.

In the next number of the Journal we will resume the consideration of this subject, and adduce some cases in confirmation of the foregoing views.

Art. V.—On the Dislocation of the Lower Jaw.

By M. Nelaton.

The generally received theory of luxation of the jaw, founded on the writings of our highest authorities, is, that, once produced, the condyle of this bone becomes placed in front of the transverse root of the zygomatic apophysis; and is maintained there, according to some, by muscular contraction; according to others, by the resistance which the projection of the apophysis offers. M. Malgaigne was one of the first to contest the validity of this hypothesis, and showed the ease with which the condyle could be carried before the tubercle, and returned to its cavity; and that, in fact, this is a normal movement, which any one may effect on himself. M. Nelaton has undertaken some researches upon the subject; and the following is the anatomical explanation of the dislocation which he offers:

"In front of the temporo-maxillary articulation is the temporo-zygomatic excavation, in which the coronoid process is lodged when the mouth is closed. Before and behind this excavation two eminences

are found, the posterior being formed by the transverse apopysis of the zygomatic arch, and the anterior by the junction of the malar with the superior maxillary bone. At the lower part of the suture uniting these two bones, a tolerably prominent tubercle is formed, bounded within by the furrow formed by the smooth border of the malar process of the maxilla, and frequently on the outer side by a little, elongated nearly oval fossette, to which we shall have again to refer.—This tubercle, which may be called the malar tubercle, is about a centimetre distant from the coronoid process; in its place we have sometimes seen a plane surface, or even a more or less deep furrow; but as a general rule it exists.

"The coronoid process also requires our careful attention. In fact, as M. Chassaignac has remarked, in his memoir on the disarticulation of the jaw, this process presents some well-marked individual differences. Thus, in some subjects, it is so short as to scarcely rise to a level with the condyle, it is in others much elongated. In some it is directed almost directly upwards, and in others obliquely outwards, nearly to the zygomatic arch; sometimes it stretches forwards, far away from the condyle, and at others inclines backwards towards it.

"In my experiments upon the dead body, I found—first, as already shown by M. Malgaigne, that if the condyle is carried forward, without going beyond the point which the laxity of its capsule allows it to attain, the displacement at once disappears as soon as the jaws are closed, the tubercle of the transverse apophysis offering no obstacle to the retrocession of the condyle; and, secondly, if the anterior part of the capsule is cut or torn, so as to allow the condyle to quit it and advance some millimetres, the displacement becomes permanent, not, as is generally believed, on account of the tubercle, or the contraction or tension of the muscles, but because the extremity of the coronoid process is projected against the lower and anterior angle of the malar bone, and is lodged in the little fossette we have described as often there existing.

"The contact of the apex of the coronoid process with the malar bone, seems to me, then, to be an indispensable condition for the production of a true dislocation; and to effect this, the displacement need not be very great, for it suffices if the condyle advances three or four millimetres. The external lateral ligament remains uninjured, the capsule being alone torn at its anterior part. The interarticular cartilage accompanies the condyle in its displacement, or remains beneath the transverse apophysis, according to whether the rupture takes place above or below its anterior edge. When the luxation is produced by external violence, the coronoid process probably ruptures some of the fibres of the masseter or temporal, and, becoming lodged in the substance of these muscles, the difficulty of reduction is increased." (pp. 399–401.)

This relative position of the parts has not passed entirely unobserved; for Monro the elder believed that, when the reduction was not affected, the jaw was gradually raised, until the coronoid process came in contact with the malar bone; and S. Cooper incidentally mentions the same disposition of parts; but neither of them employed the fact in

the explanation of the mechanism, the pathological anatomy, or the treatment of the accident. From what has been said, it will be perceived that this dislocation must be a rare one, depending so much as it does upon the size and direction of the coronoid process. When this extends far backwards, the jaw must be thrown forcibly forwards to allow of the contact being produced, and in some subjects its production would be probably impossible. On the contrary, the projection of the process forwards would render the production of the accident easier; and if this disposition were in excess, the luxation might be produced, without any violence, by the sole action of the depressors of the jaw. Such dislocations would be very apt to recur, as, in fact, the history of the accident shows to be the case. The present theory explains the symptoms of the displacement, and the difficulties of its reduction.

Since the paper has been read, several members have communicated cases to the Society, confirmatory of the views set forth in it, and showing the assistance in the reduction of the dislocation obtainable by making pressure below the malar bone. In the 37th volume of the "Bulletin de Therapeutique" (p. 404,) a case is narrated, that recently came under M. Nelaton's care. It occurred to a lady who dislocated her jaw while yawning, and all efforts at reducing it in the ordinary manner had failed, when M. Nelaton was called to her, thirty hours after the accident. He passed his index fingers into the mouth; to the anterior edge of the angle of the jaw, and carried them upwards until they reached the coronoid process placed in front of the malar bone. Having ascertained the exact position of parts he seated the patient in a chair, and placing a thumb against each coronoid process, desired her to open her mouth yet wider, for the purpose of relaxing the elevators of the jaw; employing at this moment a a slight backward pressure, he at once reduced the dislocation. In the autopsy of a person dying from other causes, after a recent dislocation of the jaw, the accident was easily reproduced, and the exactitude of the anatomical description confirmed.—*Brit. and For. Med. and Chir. Rev.*

Art. VI.—**Two cases of Strangulated Hernia, having the stricture in the neck of the Sac.** *By T. Wood, M. D., of Cincinnati, Ohio.*

In the January number of the Edinburgh "Monthly Journal of Medical Sciences," a case of strangulated hernia is reported, in which the stricture is in the neck of the sac and reducible with the tumor. I have met with two cases in the course of my practice.

Case I.—In the winter of 1843, I was summoned to see James Hanna, of Harrison county, Ohio, in consultation with Drs. Kennedy and Hammond. On examination, I found in the right inguinal canal, a hard tumor about the size of a hen's egg, which could by pressure be moved upward, so as to disappear, flattering us with the hope that it was reduced; but on removing the pressure a few minutes, it would return to its old position. Symptoms of strangulation

had existed forty-eight hours, and nearly every remedy had been tried before my arrival, except the operation. Stercoraceous matter had been vomited freely, and anything swallowed would excite emesis. I proposed a speedy operation as the only hope. To this Dr. Kenedy objected, by stating that he had known three members of Mr. Hanna's family to die from strangulated hernia, similar to the present case—that they had all been operated on by skillful surgeons, and the bowel returned into the abdomen without any cessation of the symptoms of strangulation, and that they had tried the most active means in their reach to procure a passage through the bowels after the operation, but in neither case could it be done. The patient himself thought his case a hopeless one, as he had seen the fatal results of the operations on his father, brother and sister; yet he was willing to submit to the operation if we thought it would give him any chance for his life. Dr. K's objections went no farther than that he considered it useless, and would give unnecessary pain; and these he urged no further—and so the operation was decided on. I made an incision in the usual form, and opened the sac. On introducing the finger, I was somewhat puzzled to find so slight a resistance at the internal ring; but I made a gentle enlargement of it, with the bistoury, and returned, without difficulty, the tumor in mass into the abdomen, feeling at the same time a conviction that the bowel was not releived from stricture. I then requested Drs. C. and H. to examine the wound, and see if they considered that the bowel was properly reduced. They did so, and decided that all was right. The wound was then closed with adhesive strips, and a compress with a tight bandage applied.

Having rode about twenty miles, in an intensely cold night, I was tired and went to bed, leaving directions to be awakened in two hours if the vomiting still continued. In two hours I was called up, and found all the symptoms decidedly worse. I then determined to open the wound and make further search for the difficulty. The tumor was readily brought down again and examined, when a stricture was found to exist, passing round the bowel in a spiral direction. As soon as it was cut, the tumor was dissolved, and passed back with instant relief. All the patient's distress disappeared from that time, and in an hour a free passage was had from the bowels. He soon recovered and is still living.

Case II.—A case, similar to the above, was met with in a patient of Dr. Walker's, in this city, that I operated on, on the 26th of April last, in the presence of Drs. Warder, Conner, Walker and Slocum, to all of whom I am indebted for their kind assistance.

The bowel had descended on the right side, and occupied the whole of the inguinal canal, and extended about one inch and a half below the external ring.

Nothing new or unusual was observed till the sac was opened and the finger introduced, which readily passed through the internal ring, by the side of the bowel, up to the internal ring, and beyond where the tumor seemed to terminate. But, although the bowel could not be made to pass the ring, there seemed to be no stricture there. After some ineffectual efforts to detect a stricture at that point, the finger

was withdrawn, and a careful examination of the tumor made from its base upwards. when a spiral stricture was felt, not passing directly, but obliquely round the bowel, a full half inch below the margin of the internal ring. This being nipped, the bowel was loosened and the whole tumor returned into the abdomen, followed by entire relief.

The patient recovered without any more unfavorable symptoms, and in one week after the operation left his room, supported by a truss.—*Western (Cincinnati) Lancet.*

Art. VII.—**On the Extraction of Foreign Bodies from the Esophagus.** *By Professor Dieffenbach.*

Foreign bodies observe in their transit certain *stations* at which they halt; thus, in the pharynx behind the thyroid and crycoid cartilages, in the beginning of the gullet, or at its lower end, close to the diaphragm or cardia. They seldom stop at the middle of the gullet. If very large, they may cause suffocation—thus a large piece of meat, a hard boiled egg, a pear. a chesnut, have each proved fatal. Guattani witnessed the most frightful death ensue from a chesnut; the part of the gullet at which it stuck was gangrenous. Spiritus saw the same result follow the swallowing of a five franc piece, which perforated the gullet above the cardiac orifice. Needles inadvertently swallowed, pierce sometimes the gullet or the stomach, advance by the aid of suppuration or otherwise towards the surface, and either escape spontaneously or through incision. Lyson observed a case where three needles that went into the mouth came out at the shoulder; I have known one issue at the arm.

The procedure must be modified according to the nature of the substance. None but a bungler would attempt to disgorge a piece of meat sticking at the cardiac opening, or urge on a fragment of glass from the gullet into the stomach. External pressure will suffice for potatoes or plums when stuck in the throat.

For the withdrawal of needles, fish bones, and the like, there is no better implement than a large goose or swan quill feather, with the barbed portion ruffled and imbued with oil. The patient sits with his head leaning upon the breast of an assistant, while the surgeon lowers the tongue, then introduces the feather, with its concave side downwards into the throat, turns it rapidly round, and draws it out. The popular practice of swallowing a crust of bread is sometimes availing, but may also increase the peril when arrested above the bone. A sudden slap on the back is by no means a bad plan when the substance is large and obtuse. It is preferable to that of sitting the patient on his head, as was done in the instance of Mr. Brunel to promote the expulsion of the half sovereign piece.

The principal instruments employed for the present purpose are of the description of forceps. Dupuytren advises as a preliminary step, the introduction of a gum elastic tube, surmounted with a silver ball, in order to ascertain the position of the foreign body. This, however, is superfluous, and will tend, moreover, to augment irritation.

Cooper recommends the forceps of Weiss. The so-called leaden hammer of earlier writers consisted of a lead ball attached to a string, which was let down the throat and pulled up again.

Mesnier's lead hammer was of an olive shape: Petit's was equipped with a wire instead of a string. Petit used besides a metal noose fastened to a whalebone stem; Fabricius Hildanus a many-holed silver tube provided below with a sponge. The double ring of Graefe attached to the end of a rod of whalebone with a steel spring, is very convenient for taking pieces of money out of the throat. The customary instrument, termed repoussoir, or probang, namely, a bit of sponge, as big as a walnut, stuck to the end of a whalebone, is generally useful either for entangling fish bones and the like, or propelling large round substances. My own procedure is as follows: if the body be small and sharp, I employ the oil feather above described. An oiled wax taper, passed down to the cardiac orifice; has proved serviceable; for, as soon as withdrawn, the body has been rejected. If the body be large, as a portion of flesh meat adherent to a fragment of bone, I use a lithotrite with an imperforate scoop, and rather straight. The instrument is introduced with the blades closed, until it arrives at its destination, when these are to be separated sufficiently to grasp the substance, and after a few gentle turns, withdrawn.

When there is impending suffocation from the presence of the very large bodies impacted in the throat, Habicot enjoins tracheotomy before resorting to opening the esophagus, I have never been compelled to this extreme measure. The most difficult thing to deal with are sets of false teeth when swallowed. I once relieved an old lady in this predicament by means of my fingers. On several occassiond I have removed, with curved polypus forceps from three to four teeth attached to a gold plate, and which got accidentally all into the throat; once, by the aid of an emetic, as a last resort, a set of four teeth very deeply located.

In all these operations, the patient is to be in a sitting posture; the head properly supported; the mouth rinsed with tepid water; tepid water, mixed with white of egg, taken as a drink, and the instrument smeared with white of egg rather than oil.—*Med. Times*; *July* 28, 1848, p. 78.

New Instrument for Operating on Hemorrhoids. By M. Amussat.—M. Amussat has invented a new instrument for the eradication of these troublesome companions. It is a small forceps, somewhat like a dissecting forceps. The points, or rather the branches, for one-third of their length, are split, and receive two small hollow cylinders, which are charged with Vienna caustic at the moment of operation. The branches of the forceps are brought together by a screw, and the base of the pile attached by constriction and cauterization conjointly. When the instrument has acted for some time, a jet of cold acidulated water is directed on the part, to remove the superfluous caustic and allay the sensation of burning. M. Amussat has already applied his instrument in practice with complete success.—*Medical Times*, *July* 14, 1848, p. 28.

New Remedy for Leucorrhea.—In the Boston Medical and Surgical Journal, Dr. Braman states that for nine years he has been in the habit of using preparations of helonias diœcia (unicorn plant) as a remedial agent. He considers it particularly applicable in such affections as have their origin in atony of the generative organs of both sexes—but particularly the female. "In leucorrhea," he says, "I consider it invaluable. I use it with a confidence I attach to no other medicine. Under its influence the patient, whose life has been almost a burden, soon revives. Her uncomfortable sensations vanish, and ultimately, an entire recovery of health and strength is established." It may be given in the form of powder, tincture, or syrup; but the latter is the most eligible. The doses which Dr. Braman recommends, are of the powder, one drachm and a half; of the tincture, one fluid drachm; of the syrup, three fluid drachms. These doses are to be taken thrice a day, half an hour before the ordinary meals; and according to the urgency of the case, the quantity administered may be increased, if the patient bear it well. In irritable stomachs, nausea is sometimes produced; and when this occurs, the dose must be diminished.

The Helonias Diœcia referred to above, is also known by the common names of Devil's-bit and Blazing Sttar. The botanical synonymes, are Chamælirium Luteum, Veratrum Luteum and Helonias Lutea. It is perennial, has a wand-like stem, and small yellowish flower. It grows plentifully in Ohio, and we presume may be found in Iowa.

The strong recommendation contained in the above article will we hope attract the attention of our medical brethren, and induce them to give it a trial in this intractable and troublesome disease. S.

Local Treatment of Cancer of the Breast.—Dr. Grotzner relates the particulars of a case of cancer of the breast, in which inflammation having been excited by chloride of zinc, suppuration was promoted by balsam of Peru, creosote, &c., together with the internal exhibition of iodide of potassium. The tumor was detached, and the surface healed perfectly.—*Casper's Wochenschrift.*

Adulteration of Quinine.—Stresemann has observed adulterations of quinine with from 30 to 40 per cent. of salicine; Sckyde, with from 10 to 18 per cent. of sugar of milk; and Winckler, with 40 per cent. of chalk.—*Liebig's Report*, p. 475.

Miscellany.

American Medical Association.

This body met in the College Hall, Cincinnati, Ohio, May 7th, 1850, at 10 o'clock, A. M. The President, Dr. Warren of Boston, in the Chair. By letters received from a friend, who attended as a delegate during the sittings, it appears that the same difficulty in maintaining parliamentary usages in debate, and the boisterous confusion consequent thereupon, prevailed at Cincinnati, that has proved such a serious impediment to profitable discussions at the former meetings.

No movement ever made by the American Medical profession has been so highly calculated to work a beneficial change in its ranks, as this annual convocation of respectable and eminent men; and it is a source of much regret to many, whom we have heard express themselves upon the subject, that the order, which so greatly enhances the value of scientific discussion, and gives so much moral force to the character of deliberative assemblies, can not be maintained. The ordinary machinery of legislative bodies seems inadequate to control the enthusiasm of voluntary associations for any object, and as this decorum would seem so peculiarly appropriate where the most profoundly scientific questions are in controversy, we would like to see a method adopted by the American Medical Association, which would effectually establish it. Some eminent man, bringing the influence of an illustrious name, might propose the appointment of a committee at the opening of the session to frame such rules, and execute them on refractory members, as would sustain the dignity of the Association, and put it out of the power of Journal reporters to say, "that the Hall exhibits more the appearance of a pugilistic exhibition, than a temple of medical learning, filled with men devoted to the true interests of medical science."

To attempt a detailed enumeration of the various resolutions, reports and papers which came before the Association, would require more time and space than we can allot to that object. But, that our Western brethren may be aware of the general design of the Convention, we will introduce a brief summary of some of the most important topics which occupied the time of the last session.

It is perhaps unnecessary for us to premise, that the great object of this Association has been by combination of influence and a unanimity of effort on the part of the profession in every part of the American Union, to improve the character of medical education in the Uni-

ted States; to correct the many abuses which had found their way into the regular profession; to stay the progress of quackery which was sweeping like a blight over the intellect, and through the blood of the people; and in every way labor to approximate our most divine and noble science to the dignity which is its birthright. To facilitate the accomplishment of this purpose, committees have been appointed from year to year, to collect such facts and statistics as would serve for a basis to intelligent action, and report them to the association, with such practical remarks and deductions, as the members might choose to present.

The principal committees, thus formed, have been as follows: On the Medical Sciences—Practical Medicine—Surgery—Obstetrics—Medical Education—Medical Literature—Medical Botany and Materia Medica, and Hygiene.

The object of a majority of these committees is strictly of a scientific character, and the mass of information embodied in their reports, comprehending the current literature of the year, and the improvements which mark the progress of the Science during their term of service, is highly valuable, and should be in the hands of every physician. Some of the reports, involving questions of reform and change in education and ethics, have been discussed with great warmth, and so far, without any useful result perceptible to us. The various recommendations for instance, of the committee on medical education, relative to increasing the number of instructors in medical schools, the length of lecture terms, requirements for the degree, &c., have resulted in nothing but a protracted logomachy, in which equally eminent men and schools have strenuously advocated opposite views.

The last report of this committee, by Dr. Roby, Professor in the University of Maryland, elicited a very animated discussion, The Dr. saw fit to state the facts as they presented themselves to his mind, and to declare the truthful inferences deducible from them. He thinks that little good has resulted from the labors of his predecessors, (an opinion in which most persons will coincide) and attributes this to obstacles which the association will not probably be able to overcome. For instance, the committee on medical education have recommended an increase of Instructors in the Schools, a longer term of lectures, higher requirements for the degree, &c.; and whilst the wisdom of these recommendations is generally conceded, "it does not appear that much has been done towards applying any efficient remedy." Dr. R. has pointed out, in our humble opinion, the true reason of failure in the effort to improve medical education in this country, when he says, "Neither of the parties most interested seem

willing to meet the responsibility. The student dislikes to have his self-complacency offended, the practitioner fears to hazard the good will of the student, and *the school is too anxious lest the portals of some active rival may be found of easier access than its own.*" The italics are ours, and we place them there to indicate our own views of the root of all the evil. Yet we suppose it was the enunciation of this, with other equally obvious truths, that caused the Association to fold its arms and retire upon its dignity. The members of that body, whilst they decline a position of "forbearance and conciliation towards the Schools," refuse to give their recommendations any practical utility by making a compliance with them, a test of admission to their deliberations, and a criterion of respectability in the profession. "Schools, whose anxiety lest the portals of some active rival may be found easier of access than their own," has induced them to resort to secret circulars, abolish lecture fees, and open their "portals" to indiscriminate assemblages, are found like Haman, sitting in purplo at the gate, and proclaiming from the rostrum the laws which shall govern the scholastic machinery of a continent.

The learning of the American Medical Association we highly venerate, and its contributions to medical science we hail as the beginning of a bright era in the annals of our art; but its legislation is ridiculous; it is irresolute and indefinite, and whilst we agree with Prof. Roby in relation to the causes of failure in carrying out its objects, we record our most emphatic dissent, as to the remedy he proposes for their removal. We are in favor of the adoption, first, of such principles of reform as are clearly applicable to the present state of the American profession, and to the improvement of medical education in this country; and second, the enforcement of these principles upon the Schools of the country. We say the *Schools*, for it is evident that these have become sufficiently numerous to absorb and overcome all the influences of private pupilage upon the student. The only objection to this course, which has been urged with any degree of plausibility, is that predicated upon the nature of our institutions, and the character of our people. The perfect freedom of the one, and the love of liberty and unrestraint of the other, are said to be inimical to coercive measures. But this is reversing the natural force of the idea, and deranging the harmony of its moral tendencies. Civil legislation, which is binding upon its subjects, can never be opposed to the inherent sense of justice implanted in the human breast, and yet fulfil a wise or beneficial purpose; on the contrary it is found, that when this moral sense is heightened by the cultivation of the intellect, its demands are superior to all laws, save those or-

dained by God, and with these it is congenial. The American Medical Association cannot execute proscriptive statutes as a physical idea, but they can do more. They can enact laws that will find their force in the minds of enlightened and honorable men, and gain the sanction of a mass of intellect to the necessary measures of reform, that will secure their efficient execution. Let them declare their reasonable requisitions to the Schools, and when their representatives ask admission to the Association, before this is granted, let evidence be given that these requirements have been carried out. If any schools refuse to co-operate in this way, the conforming Institutions should exclude their graduates from the ordinary privileges, and refuse to credit their tickets in the usual manner. Besides requisitions more especially connected with medical instruction, some other measures to secure uniformity, and to avoid making the "portals of one school easier of access than another," are equally demanded. If this is done, refractory schools will soon find their halls deserted by medical students, whose honorable impulses lead them to desire a respectable position in the profession.

We will now proceed to give such items of the proceedings of the Association as seem to us sufficiently interesting.

Dr. Blatchford, of New York, offered some resolutions as a substitute for the report of the committee on Medical Education, which, after much discussion, and some amendments, were referred, on motion tion of Dr. Flint, of N. Y., to the standing committee for 1851. These resolutions, with the various amendments offered by Drs. Morris, Drake, Lawson and Gross, do little more than reiterate the recommendations of the Association for four years past, in reference to what it considers the necessary measures of reform.

Dr. Huston, chairman of the committee on Spurious and Adulterated Drugs, read a very able report upon that subject, concluding with the following resolutions:

Resolved, That the various State and local Medical Societies be requested annually to appoint Boards of Examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits for examination, and report upon the same to their respective Societies at least once a year.

Resolved, That the respectable druggists and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs; and that it is respectfully suggested to them, wherever practicable, to form themselves into Societies or Colleges, for the promotion of pharmaceutical knowledge, and general improvement in their profession.

Resolved, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to col-

lect information with regard to spurious adulterated drugs, and report the same at the next meeting of the Association.

Dr. Charles Caldwell, of Ky., offered some resolutions, contemplating the appointment of a committee to report at the next meeting, how far the sciences of Phrenology and Mesmerism are founded in truth; and how far they may be rendered subservient to the treatment and cure of disease. Also, a committee to take into consideration the subject of vital organic Chemistry, and report at the next meeting whether it can be justly called a branch of science, and if so, how far a knowledge of it can be rendered available to the welfare of man.

On motion of Dr. Yardley, it was

Resolved, That the committee on Hygiene be requested to report the best plan of warming and ventilating public and private buildings.

On motion of Dr. Morris, of Pa., it was

Resolved, That it is with great satisfaction the members of this Association have observed the establishment of drug stores in which neither patent medicines, nostrums, nor other articles by which the artful and designing impose on the ignorant and credulous are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

Having no further space to devote to this subject in this No. of the Journal, the report of the proceedings will be continued next month.

S.

Iowa State Medical and Chirurgical Society.

The proceedings of this Society, in the form of a neat pamphlet, came to hand too late for notice in the first No. of the Journal; but it gives us great pleasure now to transcribe such items in connection with the organization of the Society as will be most interesting to our readers. Much effort has been expended by several eminent members of the profession in this State, during the past few years, in directing the minds of medical men to this important subject, but the call, issued in May last, was the first to which there has ever been a satisfactory response. We are happy to say, however, that, although the profession have been slow to move in reference to this matter, when they did assemble in Convention at Burlington in June last, their action was praiseworthy and efficient. About twenty-five physicians met pursuant to this notice, and entered upon the duty of organizing a State Medical Society with commendable zeal.

The discussions which eventuated in the fulfilment of this object, were conducted with dignity and ability, and inspired all those who

were present, with confidence in the success and permanence of the Society. It will be seen by the synopsis of proceedings below, that the Society adopted a Constitution and By-Laws, and appointed several committees whose duty it will be, during the present year, to develope as far as possible, the scientific resources of our State, and collect such medical statistics and general intelligence, as will be a necessary basis for future action.

The duty of the several committees appointed under these resolutions, can be performed but imperfectly without the co-operation of the profession throughout the State. It is all important, as an aid to the further enlightened action of our State Society, that the state of the profession in Iowa shall be actually known to them, in order that the obstacles to reform and progress may be seen and removed. A committee of three, however, occupying one or two localities, cannot extend their investigations into every portion of the State, and regular members of the profession, wherever situated, should manifest their zeal for the promotion of science, by communicating such facts as come within their observation, to the chairman or members of the various committees. Thus a report of the number of physicians in a particular county—the proportion of regular practitioners—of graduates—the principles which have regulated their intercourse, &c. &c., would greatly aid the committee under the first resolution; whilst a little attention to meteorological phenemena, and the type of disease usually observed in particular localities, would constitute a valuble contribution to medical science, and facilitate the labors of the committee under the second resolution.

Under the third resolution, a committee was appointed whose agreeable duty it will be, to report upon the Medical Botany of Iowa. The floral riches of this beautiful and charming State, seem almost inexhaustable, and no one doubts, that, amidst this profusion of nature's eloquent and poetic beauties, mines of medicinal wealth exist, from which the balm to many an ill, incident to our country, may be bountifully drawn. Numerous as are the blessings which spring from the bosom of our mother earth, they may be greatly multiplied by the assiduity of the medical botanist, and we sincerely trust a larger proportion of our physicians may be found devoting their attention to this subject. Our medical plants should be known and accurately classified, in order that we may resort to the great store-house of Nature—the fields and the forests—where no mercenary hand mingles with their life-giving principles the seeds of death.

The organization of this Society, will mark the beginning of a new era in the medical history of our State. It is ardently to be hoped, that our physicians will lend an enthusiastic co-peration, not only by

their presence during its deliberations. but in a contribution of statistics and facts which will facilitate its progress, and aid in the accomplishment of its noble objects.

The next meeting of the Society will be at Fairfield, Jefferson county, on the first Wednesday of May, 1851.

In the highly intelligent and hospitable society of that most beautiful and charming of our inland towns, our brethren may expect a feast of reason and a bounteous flow of soul. S.

Persuant to previous notice, a number of members of the medical profession of the State of Iowa, assembled in convention in the court room in the city of Burlington, on Wednesday the 19th day of June, for the purpose of of organizing a State Medical Society.

The convention was called to order by appointing Dr. J. F. SANFORD, President, and Dr. E. D. Ransom, Secretary.

On motion of Dr. J. F. Henry,

The names of those who were present with the intention of participating in the deliberations of the convention, were enrolled, and the following gentlemen were found to be in attendance:

Drs. J. F. Sanford, J. F. Henry, J. D. M. Crockwell, J. Elbert, E. R. Ford, J. H. Rauch, A. S. Hudson, D. L. McGugin, J. W. Flint, G. R. Henry, J. F. Dillon, J. B Latta, W. F. Grubb, H. M. Matthews, D. V. Cole, N. Steel, E. Lowe, J. M. Witherwax, G. Anderson Hull, J. W. Brookbank, P. M. McLaren, E. D. Ransom, and C. Cutter.

On motion of Dr. Crockwell,

A committee of five were appointed to draft a constitution. Committee to report as soon as practicable. Drs. J. F. Henry, Elbert, Lowe, Witherwax, and McGugin, were appointed that committee.

On motion, convention adjourned until two o'clock, to give the committee time to prepare their report.

Two O'clock, P. M.

The committee on the constitution not appearing with their report, on motion, the President (Dr. Sanford) was requested to address the convention, and he thereupon delivered an able and eloquent address upon the advance and achievements of medical science within the last ten years.

The committee appeared and made their report. which on motion was received, and the committee discharged.

On motion, the preamble and constitution was taken up article by article, for deliberation, and after some discussion and amendment, on motion, the preamble and constitution was adopted.

On motion. the convention then proceeded to the election of officers of the Iowa State Medical and Chirurgical Society, for the ensuing year; which resulted in the election of the following gentlemen:

President—Dr. E. Lowe; Vice Presidents—Dr. D. L. McGugin, and Dr. J. D. Elbert. Recording Secretary—Dr. H. M. Matthews. Corresponding Secretary—Dr. J. F. Sanford. Treasurer—Dr. G. R. Henry. Librarian—Dr. J. F. Dillon.

Whereupon, the President of the convention appointed Drs. J. F. Henry and Crockwell a committee to conduct the President elect to

the chair, and declared the convention dissolved, and the Iowa State Medical and Chirurgical Society organized.

The President on taking the chair, made a short and pertinent address, when the society proceeded to business.

On motion of Dr. Sanford,

A committee of three was appointed to nominate the names of seven gentlemen to be balloted for by the society for censors. Drs. Sanford, J. F. Henry, and Witherwax, were appointed that committee.

On suggestion, this committee was instructed to nominate the names of none but regular graduates. After a short consultation, the committee reported the following names. Drs. McGugin, of Keokuk, Hull, of Montrose, Flint and Elbert, of Keosauqua, J. F. Henry, E. D. Ransom and Brookbank, of Burlington, who after being balloted for, and having received a majority of all the votes cast, were declared duly elected.

On motion of Dr. J. F. Henry,

A committee of three were appointed to report a code of ethics and by-laws, to report as soon as possible; Drs. J. F. Henry, Ford and Hudson were appointed that committee.

On motion, members were called upon to sign the constitution.

On motion, society took a recess until eight o'clock, P. M.

Eight O'clock, P. M.

Society met after recess. The committee on ethics and by-laws appeared and made their report, which was received, and on motion adopted as the code of ethics and by-laws, by which this society will be governed.

On motion of Dr. J. F. Henry,

The President and first Vice President were requested to prepare and read to the society essays on some medical subject, at its next annual meeting.

On motion of Dr. J. F. Sanford, the following resolutions were adopted:

Resolved, That a committee of three be appointed to report on the causes which have contributed to depress the science, dignity and influence of the medical profession in Iowa.

Resolved, That a committee of three be appointed to report upon the medical topography, climate, and diseases of Iowa.

Resolved, That a committee of three be appointed to report upon the medical and economical botany of Iowa.

Resolved, That these committees report at the next annual meeting of the society.

The following gentlemen were then appointed those committees: under the first resolution, Drs. Sanford, Crockwell, and Cole; under the second resolution, Drs. J. Henry, A. F. Bruning and Ford; under the third resolution, Drs. Brookbank, Rauch, and Dillon.

On motion of Dr. McGugin, the following resolutions were adopted:

Resolved, That in the opinion of the society, the sale of adulterated drugs and chemicals should be speedily arrested and to this end, the legislature of the State of Iowa, be memorialized at the coming session on the subject and an appeal be made to those engaged in the trade within the limits of the State, to supply the profession with pure and unadulterated medicines.

Resolved, That we hereby solemnly pledge ourselves, to encourage those whose regard for the health and lives of community, and the success of the medical profession will prompt them to procure select medicines, and that when such can be obtained, we will purchase none other.

Resolved, That a committee of three, be appointed to memorialize the next legislature in the name and on behalf of this society, on this subject; whereupon, Drs. McGugin, Hudson, and E. D. Ransom, were appointed that committee.

On motion of Dr. McGugin, the following resolution was adopted:

Resolved, That in order to promote the best interests of the profession, of community and of mankind, and, also to cultivate the social and scientific relations of its members, together with all the benefits flowing from concert of action, mutual interchange of opinion, and a better understanding of each others character, and in order to render more effective the great objects of the State Society, we would recommend to our brethren in each county, the formation of a Medical Society, in each, auxillary to the State Society.

On motion, three standing committees were appointed for the ensuing year, on publications, on the constitution and by-laws, and on medical ethics. The following gentlemen were appointed those committees: on publications, Drs. Hudson, Matthews, G. R. Henry, and Rauch; on the constitution. Drs. Elbert, Ford, and Steel; on medical ethics, Drs. Witherwax, McLaren, and Cutter.

On motion, the committee on publications were directed to publish the proceedings of this convention, and society together with the constitution, by-laws and code of ethics, adopted, and the address of Dr. Sanford, delivered before the convention in pamphlet form, and that the Treasurer be ordered to defray the expenses of the same.

On motion, the committees on the constitution and ethics were instructed to revise the constitution, by-laws and code of ethics, and report such amendments as they may deem proper, at the next annual meeting.

On motion, the Treasurer was ordered to pay all bills for incidental expenses, stationery, &c., and to keep an account current and report at the next annual meeting.

On motion, Drs. Elbert and Witherwax, were appointed delegates to attend the next meeting of the National Medical Association to be held in the city of Charleston, South Carolina, during the month of May, 1851, with instructions, if unable to attend, to correspond with the same.

On motion, the thanks of the society were tendered to Professor Sanford, for his able and eloquent address on the present occasion.

On motion, *Resolved*, That the thanks of the society be tendered to the Baptist church of this city, for the use of their room.

On motion, *Resolved*, That when the society adjourn, it adjourn to meet in Fairfield, Jefferson county, on the first Wednesday of May, 1851.

On motion, society adjourned *sine die*. E. LOWE, Pres't.

H. M. MATTHEWS, Secretary.

THE

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ART. I.—*Causes, Symptoms, and Treatment of Latent Pneumonia.* By SAML. G. ARMOR, M. D., Professor of Physiology, Pathology, and Clinical Medicine in the College of Physicians and Surgeons of Iowa University.

From the fact of their frequent occurrence, either as primary idiopathic inflammations, or as complications or sequences of some other affection, as well as from their many varieties and their often unmanageable character, diseases of the lungs are invested with peculiar interest to the physician. Indeed, when we consider the great number who annually fall victims to some form of diseased action, resulting in the destruction of the lungs, the pathology, symptomatology, and treatment of these affections should become a topic of permanent and absorbing interest to the profession.

While pulmonary phthisis can not be said to prevail extensively in the Western States, it must be confessed that other varieties of lung disease are not of unfrequent occurrence; and when we consider the large number who, from necessity, reside in crowded houses, with apartments illy ventilated, and frequently warmed by stoves, no provisions being made for currents of air by proper ventilators, it is not astonishing that diseases of the respiratory organs, during the fall, winter and spring months, should be of frequent occurrence. Persons thus situated, leaving heated apartments in which the air becomes highly charged with carbureted hydrogen, rush into an atmosphere the temperature of which is frequently below the freezing point. The result it is easy to anticipate. The blood, invited to the surface by the heat, when suddenly exposed to the cold air, rushes to the internal organs, producing local congestions. The effect of this congestion, in developing inflammation, will much depend on the procliv-

ity to disease of the internal structures. Add, then, another element of the inflammatory process, viz: irritation of the bronchial mucous membrane and air-cells of the lungs, occasioned by this sudden transition from heat to cold, and we readily see why it is that bronchitis, followed by pneumonia, ending in interstitial deposit, should so frequently occur.

Pneumonia has been divided into the acute, chronic and typhoid. Of these ordinary varieties it is not my purpose to speak at present. The symptoms of the first, both physical and rational, are well understood, and the indications of treatment plain. We may remark that the same thing is true of the second, with the addition that more care is required in physical exploration, and more caution in the administration of remedies. The last, namely, *typhoid pneumonia*, is usually the sequal of some other disorder, and when associated, as it frequently is, with some prevailing epidemic, or a broken down condition of the vital forces prior to the development of the pneumonia, it becomes one of our most dangerous complications. The constitution, already suffering from the depressing effects of a specific poison, soon yields to the arrest of a function so important to life as that of the lungs.

But there is another form of lung disease, especially prevalent in the West, often insiduous in its progress, and frequently fatal in its termination: I allude to what has been very aptly termed "LATENT PNEUMONIA." I am satisfied that hundreds annually fall victims to this occult form of lung disease because undetected by physicians not acquainted with the physical exploration of diseases of the chest.

I have briefly alluded to three of the most common varieties of pneumonia for the purpose of placing before the mind of the reader a *fourth*, differing in many important respects from those enumerated.

It has been called *latent* because, in its early stages, none of the more prominent symptoms are present. Its approaches are silent, gradual, and frequently unobserved by either patient or physician until the work of destruction is accomplished. The constitutional disturbance may be at first so inconsiderable that the patient can pursue his usual avocations; or, if complaint be made, it is treated as a common catarrh. But while thus resting in fancied security, disease may be doing its quiet but dreadful work. It is, therefore, highly important that the physician should carefully examine, by proper physical exploration, the condition of the lungs of a patient seeking advice ev- for a common cold. It is painful to reflect how many supposed cases of catarrh are in fact the harbingers of a more dreadful malady!

If the disease has made considerale progress, on being *interrogat-*

ed, the patient will complain of a troublesome, but not painful cough, with a somewhat viscid and scanty expectoration; the tongue moist and slightly furred; appetite impaired; respiration hurried; inability to take exercise, especially to ascend flights of stairs; and, previously to *hectic* symptoms, there will be found a marked disparity between the respiration and the circulation. Unlike the more active forms of pneumonia, the circulation wtll be found frequently feeble; the pulse neither quick nor remarkably frequent; the capillary circulation languid, as evinced by the dusky appearance of the face, and the purple tint of the nails; and the general heat of surface not so great as in frank pneumonia. When occurring during the fall and winter months, the more prominent typhus or typhoid symptoms not being present, it is frequently known by the vague term of "Winter fever," and, if the local difficulty be not detected, it proves to be a lingering and unmanageable fever.

If, now, we pass from the rational to the physical phenomena, we will find dulness on percussion, absence of respiratory murmer, and broncophony frequently corresponding to the portion of lung involved.

In relation to the *seat* of difficulty, as a point of diagnosis between latent pneumonia and phthisis, it has been remarked by O'Reilly, of the Royal College of Surgeons in Ireland, whose observations have been extensive, and who has made a valuable contribution on the subject, that, while the upper portion of the left lung is the ordinary seat of tuburcular deposit, its *inferior portion* is generally the seat of latent pneumonia. In this respect it differs also from acute pneumonia, the inferior portion of the *right* lung being the usual and primary seat of inflammation in this variety. In phthisis, the tuburcular deposit proceeds from above downwards; in latent pneumonia, the disease extends from below upwards. Like ordinary pneumonia, however, the membrane lining the *air-cells* is the seat of the inflammation, not the intercellular substance as was formerly supposed; and, like it, the inflammation may *originate* in the vesicular structure, and subsequently involve the larger tubes; but, *unlike* it, the inflammation does not occasionally commence as a bronchitis and gradually extend to the smaller tubes and air-vesicles. Complications of this kind are usually attended with a higher stage of sthenic action than is found in latent pneumonia.

It will be understood, however, that I speak here of general laws, the exception as to the seat of difficulty, and other modifying influences, applying to this as to all other forms of pneumonia.

I have said that Latent Pneumonia is of frequent occurrence in the Western States. The reason of this must be obvious to every reflect-

ing mind. I have already alluded to causes calculated to produce all the ordinary diseases of the respiratory organs. Add to these a prevailing malarious influence, which is frequently in active operation during the fall and winter months, and which so modifies other forms of disease in the West, and we have a combination of influences well calculated to wake up latent inflammations. Indeed, protracted congestion is the usual cause of this variety of inflammation. The cold stage of malarious fevers produces, in a high degree, the marks of intropulsive congestion. If this be repeated and protracted, the tone of the blood vessels will be impaired, congestion will not cease after the subsidence of the chill, and the result will be a slow, insiduous, and latent form of inflammation.

It may be well to remark, that, in this variety of inflammation, congestion always predominates over the determination of blood. Hence its marked asthenic character. All the symptoms are less prominent than in the active or sthenic variety. There is little or no pain; fever and other signs of increased action are comparatively slight; nor does it tend to such speedy results as the acute variety. For this reason the physician should be constantly on the alert, that he may detect, in its early stages, a disease so formidable in its character when fully developed.

Latent Pneumonia offers no exception to the three stages, with their relations one to the other, as they occur in the more frank variety; although, as has been remarked, they do not take place with the same rapidity, nor are their symptoms so prominent. In one respect, however, the auscultatory signs differ in this, that the true crepitant rale, so constantly present in the stage of engorgement of an active pneumonia, and even heard in the local or lobular variety, is rarely if ever detected in latent pneumonia; and, if heard at all, it is as a muco-crepitant rale.

Again, *gangrene* of the lungs, which may occur as a primary or secondary affection, is by no means an unusual termination of this variety; especially if occurring in connection with an altered condition of the blood, which is incapable of supporting the vitality of the parts, and which is usually indicated by the early symptoms of depression. There is no difficulty, however, in detecting this condition of the lungs by the sputa and breath; their exceeding fetor, when occurring in the advanced stage of the disease, is pathognomonic of this termination.

Functional derangement of the liver, followed by jaundice, is not, for very obvious reasons, an unfrequent complication of this form of pneumonia. Many of the causes already enumerated, especially intropulsive congestions occasioned by malarious fever, very readily

produce diseased action of the liver. In addition to this the direct physiological relation existing between the lungs and liver as *excretory* organs, renders them liable to become complicated in diseased action.

The *treatment* of this variety of pneumonia is attended with much difficulty. General blood letting, upon which so much reliance is placed in the acute variety. is illy borne in this. In both varieties, dyspnœa will be, to a greater or less extent, present, and in proportion to its presence, will there be repression of the pulse; but in one, the pulse will frequently rise as the blood flows; in the other, it will flag. In the one case the debility is *apparent;* in the other it is *real*. Hence the caution which has to be exercised in the use of all remedies which are calculated to depress the vital forces.

The local abstraction of blood, however, by means of cups. is often of benefit; and, if borne, should be cautiously repeated from time to time. This should be followed by counter-irritation; and there is perhaps no variety of lung disease so much benefited by blisters as this. They are of benefit both for their local and constitutional effects, and should be re-applied from time to time in proportion to the severity of the disease.

The internal remedies have to be also cautiously adapted to the constitution of the patient and the stage of the disease. In the early, or forming stages, a moderate mercurial impression, *kept up for some time*, will be frequently followed by the sub-duction of the inflammation, and the consequent arrest of the disease. But every thing depends upon the *time* of its administration. When the disease has passed into the stage of disorganization, or interstitial suppuration, no remedy could be more inappropriate. As a general alterative, in the more advanced stage, the Iodide of Potassium would be much the preferable remedy.

In addition to this the patient's strength must be supported by nutritious regimen, such as milk and the lighter animal broths, and he should have all the benefit to be derived from fresh air, and, if he is able to take it, moderate exercise. No remedy will compensate for bad air and bad diet.

If a malarious influence can be detected, we should lose no time in arresting the paroxysms. No element of disease could be more pernicious in its tendency. Any indications therefore of periodicity, however slight or marked they may be, should be promptly met by the use of the sulphate of quinine. In malarious districts this should be a prominent, outstanding idea, never to be forgotten: internal congestions must be overcome, or all other treatment will be unavailing

Expectorants are favorite remedies with many in the treatment of all forms of lung disease; but their use, in latent pneumonia, should be attended with much caution. In attempting to avoid one difficulty we may produce another and perhaps worse one. We have therefore to cautiously *feel our way* in their use. Antimony, as a general rule, can not be borne; and the more stimulating expectorants *may* induce increased febrile excitement. If, however, the use of the senega, squills, and the terebinthinate preparations is followed by bronchial secretion, without adding to the general excitement, they will be found valuable remedies, and should be persevered in. But if this effect should not follow, and we continue their use, there is danger of producing irritation and determination to the bronchial mucous membrane and air-cells of the lungs, and of thereby converting or complicating a latent with a frank pneumonia.

In low forms of the disease, attended with much prostration, a relaxed condition of the solids, a dusky hue of the skin, and a feeble capillary circulation, there is perhaps no remedy which promises so much as the Spirits of Turpentine. Under its use the general typhoid symptoms abate, the various excretions are promoted, and the flagging powers of the system sustained. But if, in the more advanced stage, general debility largely predominates over the inflammatory symptoms, we must resort to more direct stimulation. Carbonate of ammonia, wine whey, milk punch, and the more diffusable alcoholic stimulants become absolutely necessary.

I have thus attempted to point out a species of pneumonia of not unfrequent occurrence, which, if undetected, and therefore suffered to pass into its *third stage*, is but little benefitted by any mode of treatmeat. The patient must continue to grow worse; the favorable period for arresting the disease has been lost; and, when death closes the scene, the relations are consoled with the thought that consumption, that fell destroyer of the human family, for which, unhappily, no healing balm has been found, had numbered with its victims their deceased friend.

Art. II.—*Remarks on the aid which Pathology and Therapeutics may derive from Organic Chemistry: and of the Deleterious influence of a Superabundance of Carbonaceous compounds on the human system.* By C. M. Miller, M. D., London.

While animal chemists and physiologists are daily pointing out the composition of the fluids and solids of the animal economy, it is a matter of great surprise to me that we so rarely hear of patholo-

gists applying, with a view to the lessening disease, the doctrines which the former have established and promulgated.

"Facts are stubborn things," and if they become so evident to our external senses, that the merest tyro can comprehend them, surely they might be applied profitably to the healing of the body in disease.

We are told that the human body is made up of a certain number of gaseous and solid bodies, and that these, when arranged in a particular manner, go to form the materials of which the healthy body is composed; why then, I would ask, should not an increase or decrease of any of these matters produce disease? This would appear self-evident, but it does not seem to have had that due weight given to it to which it is entitled.

Many years have now elapsed since the striking analogy which exists between the miasm producing intermittent, and some other fevers, and carbureted compounds first crossed my mind, and increasing years and experience have tended to strengthen rather than weaken the idea that they are identical. Both are produced by the same cause, both are impalpable to the senses, (?) and both, I hope to prove, have the same evil tendency on the human constitution. Carbureted compounds, whether accumulated in the system in a solid form, or applied in a gaseous, are equally poisonous. I purpose, then, in the first instance, to enumerate some particulars of diseases, in which there appears to be an opposite effect produced in the system, and seeing how far these views are carried out, and whether any or no practical bearing can be derived from the investigation. First, then, we may notice the antagonism which is said to exist between phthisis and intermittent fever; and here we have, *in limine*, in the first, a loss of carbureted hydrogen; in the second, an accumulation of carbureted hydrogen; and I would ask, may not the spleen be looked upon as an emunctory, aiding and assisting the liver, by receiving the superfluous quantity of carbureted blood, until the latter organ is enabled to relieve itself. I know a somewhat similar view has been mooted before; but not regarding the spleen as a decarbonizing organ, I was led to this view by noticing, that in those cases where the liver, from disease, was unable to perform its function, there the spleen has been much enlarged, (vide Mr. Langstaff's Catalogue;) that in intermittent fever it is much enlarged, and it is found largest in those animals which live on the most highly carbonized matters, as the ox and the sheep.

To return: the effects of naphtha and cod's liver oil may be referred to their supplying the loss of carbureted hydrogen in phthisis, and not, I think, as Dr. Hastings says, with regard to naphtha, to its acting as a solvent of tubercle.

But let us take the other side of the question. Is it not a fact that fevers of the worst description occur in the spring and autumn of the year, and more particularly in the autumn, when the largest quantity of decaying vegetable matter is covering the earth, and giving forth an emanation of carbureted hydrogen; and is it not also a fact that typhus and other fevers arise in the confined courts, alleys, streets, and places where the vegetable accumulations are allowed to

remain, and where, although the quantity must be very great, yet can we detect it by no chemical tests, except with great difficulty! Dr. Garrod, in his excellent lecturers, published in THE LANCET, says, that in 10,000 volumes of dry air, there have been found four volumes of carbureted hydrogen, but does not say at what season this analysis was made. Mr. Taylor says, that about nine per cent. may destroy life in man. If it takes so little to destroy life, surely a less quantity must act as a poison to a certain extent. We have never, I believe, yet had clearly explained what marsh miasma is; but does there not then appear already a strong concurrence between the two causes of disease?

In fevers, again, the secretions are stopped; the skin, the kidneys, the liver, refuse to act; and what is their action? Is it not the elimination of matters almost entirely composed of carbureted compounds?

Let us for a few moments take a view of some of the effects of disease on these several organs. With regard to the skin, it almost always sympathizes with the rest. But take the kidneys, and of its diseases the worst form, ischuria,—what is the effect of a suppression of urine? Does it not produce typhoid symptoms,—showing that a powerful poison has been absorbed into the system, enervating the nervous centres? Take jaundice: what are its symptoms? Do they not all indicate the same kind of nervous depression? Again, in fevers, erysipelas, and jaundice, when the liver does begin to act, there is generally, and indeed, most frequently, thrown off, a large quantity of dark, and in many instances almost carbonaceous, matter; and I have noticed that when this is the case the patient does well; but if it be retained the patient continues to suffer. It is on this principle that I consider we derive the benefit from the crisis of diseases; does not nature endeavor, in these diseases, to burn up, as it were, the superabundant carbon by increased respiration and pulsations; and is not the blood highly carbonized in fevers? Simon says, "in typhus the clot is very dark, almost blackened;" and in the inflammatory forms the fibrine is superabundant. Let us take an opposite condition, as phthisis. It has been suggested, and I think with some degree of truth, that phthisis is antagonistic to ague. What do we observe here? A general loss of carbureted hydrogen in all its forms, colliquative diarrhœa and sweats, increased breathing, and all conditions that will carry off the elements of fat from the system. It is true, Andral says the fibrine is on the increase in the blood; but this, I think arises from the increased absorption, and the effort nature makes to repair the injury already done to the constitution. The advantages for the employment of cod's liver oil and naphtha are, then, practically correct.

These are suggestions, and will require much practice to carry them to the proof, although, as far as fevers are concerned, I have myself tested their value with considerable success.

And now to apply this theory to some diseases. Erysipelas occurs at the damp seasons of the year, when vegetable matter is in large quantities decaying on the earth. We have spoken of the state of the secretion of the liver

Cholera, again, occurs at those seasons and places where there is much vegetable decay going on; at least such is the case in this country; and in this disease the liver does not perform its functions. A quantity of light matter is poured out, known under the name of rice-colored stools. My own conviction is, and it has been verified by my experience in English cholera, that the treatment is to stimulate the liver to renewed action; and not, as recommended in the public journals, to lock up the intestines with opium, astringents, &c. There is a poison in the system, and that poison must be got rid of.

Again, to pass from disease to the ordinary habits of life with some persons. A full meal is taken at night, perhaps an hour before retiring to rest. See the quantity of solid matter that is taken into the blood; and what are its effects? It acts as a poison; the individual has heavy, almost lethargic, sleep; or is restless and dreaming, showing that the nervous system is oppressed; he has no perspiration of much amount; rises with a dry, brown, and, in some instances, slight sordes round the teeth; in fact, he is in a state somewhat similar to typhus; and from it he experiences no relief until he has had a discharge which shall carry off the superfluous hydro-carbon. Again, after taking wine or spirits, the same thing occurs; and in delirium tremens the alvine discharges will frequently be nearly black.

But in the case both of eating and drinking, if the party take sufficient muscular exertion to exhaust the hydro-carbon, he may remain for some time, in comparative comfort and safety.

When we take into consideration the vast quantity of carbonaceous matter which is daily taken into the stomach of even the most abstemious person, consisting of animal, vegetable, and fluid materials, and how much of this is superabundant, is it not feasible that this, if kept in the system by a suppression of the natural secretions which carry it off, should act as a poison?

Mr. Taylor, in his work "On Medical Jurisprudence," says the symptoms of poisoning by carbureted hydrogen are,—"Vertigo, cephalalgia, nausea with vomiting, confusion of intellect, loss of consciousness, general weakness and depression, partial paralysis, convulsions, and the usual phenomena of asphyxia;" and how many of these symptoms do we find in the diseases already mentioned? In a greater or less degree, almost all of them.

If, then, it be not true that celebrated compounds are the poisons which are taken into the system, there is a verisimilitude about the whole which is very striking, and which is worthy of a much deeper notice than it has hitherto attracted.

I believe that much more danger, and certainly much more disease, is attributable to the emanations from decaying vegetable, than from decaying animal matter; and in such a case it is more attributable to the carbureted compounds than others, I state this more from experience than theory. During upwards of three years that I was connected with a public dispensary, and at which time I had nearly eight thousand cases under my immediate care, the severest always those which oocurred in situations where vegetable matters were allowed to collect.

It is interesting to examine what quantity of carbonaceous matter is passed off by the natural secretions of a person in health.

The kidneys secrete, accoring to Simon, a mean of 432 grains of urea in twenty-four hours. Now, on referring to the table at the end of Dr. G. Bird's work, we find that 100 grains of urea contain 19.19 grains of carbon. Now if, for convenience, we take the quantity passed at 450 grains, we have 89.95, or nearly ninety grains of carbon passed off by the kidneys. The quantity af uric acid is thirteen grains, or, for convenience, we will call it ten grains, giving 3.6 grains of carbon. The coloring matter of the urine is here left out of the question, but, according to Dr. Bird, it is from forty to sixty grains, and this taken at fifty, will give carbon 29.2. There is a great uncertainty as to the quantity of bile which is secreted during the twenty-four hours, but let us take it at one ounce, or 480 grains, say 500. This gives a further supply of 342 grains of carbon.

The perspiration carries off, according to Seguin, quoted by Bird, 107 grains of organic matter, mostly nitrogenous, but still, no doubt, there is some carbonaceous matter. Taking this at thirty-five grains, or rather more than one-third, we shall have the following total of carbon passed off in a healthy state of body:

Urine	119.42
Bile	342.
Perspiration	35.
Total	496.42

or, in round numbers, 500 grains. If, then, even half this quantity be retained in the blood, have we not sufficient evidence of a large quantity of poisonous matter acting on the nervous system? Our plan of treatment becomes more rational, and we are enabled to place medicine on a much firmer basis, when such considerations as these are taken into account, in reasoning on the sources of disease. I purpose, at a future period, giving some cases in illustration of this theory.

Surgery.

Art. III.—*Surgical uses of the Nitrate of Silver.* By J. F. Sanford, M. D., Prof. of Surgery in the Iowa University.

In the last number of the Journal we pointed out the *manner* of application of the Nitrate of Silver as influencing its effects upon the living tissues, and referred to the necessity of keeping this fact before the mind. It is further necessary, to insure its beneficial operation, in the numerous diseases to the cure of which it is applicable, that the state of the parts should receive due attention. If the morbid

textures are bathed in purulent, mucus, or other vitiated secretion, or covered with unctious substances, as is often the case after the removal of various dressings, the application will do but little good. Oleaginous fluids neutralize its powers, and the secretions from the part, whatever their character, dilute the remedy and render it inert. Before making the application, we should attend, carefully to the state of the surfaces, and see that they are perfectly cleansed and free from moisture; in this way we bring the agent into immediate contact with the diseased parts, and insure its full effect.

With these precautions in view, the experience of the profession strongly sanctions its use in the following diseases, in many of which, our own observation confirms the conclusions of those who have given the nitrate of silver a trial.

Ulcers.—The varieties of this lesion especially amenable to the beneficial effects of this remedy, are the Weak, Indolent and Irritable. The difficulty of changing the action in cases of this kind, and arousing the reparative energies of the parts, must have been noticed by every surgeon of the least experience, and often this difficulty has been, with us, a source of the greatest annoyance.

The first named variety of ulcer, usually follows the simple purulent or healthy sore, and its degeneration is due to some local or constitutional cause, calculated to entail debility upon the suffering textures. Next to the Indolent it is the most common in practice; and the three varieties are usually found in persons whose living is bad, and who are exposed to much privation and fatigue. An individual in these circumstances sustains a wound and healthy granulation follows; or inflammatory disintegration occurs, and the reparative process is vigorously set up. The vitiated state of the general system previously existing, proves unfavorable to its progress, and the action flags; or constant irritation of the atmospheric air, or mechanical disturbance, fatigues the parts into a state of debility; the granulations become large and less numerous, and the sore is of a pink or yellowish hue. The same causes may establish the Indolent sore, which is more common than any other variety of ulcer, and usually occurs in the inferior extremities of persons advanced in life. The surface is smooth, pale and shining, and free from granulations; the surrounding parts in a state of passive congestion, and of a leaden or livid hue; the discharge is thin, serous and quite profuse, and the sore is surrounded by a dense white callous ring.

The impairment of vitality, in this kind of ulcer, seems to be extreme, and the congested condition of the contiguous parts is so great an obstacle to the healthy nutrition, that sufficiency of action in the

part for the purposes of repair, is difficult to maintain. There are no surgical diseases, in the management of which we were so often disappointed, before our attention was directed to the use of the nitrate of silver, as the weak and indolent ulcers, and since we have employed it, our expectations have never been disappointed.

Our usual plan is to commence the treatment of these cases by the application of a strong solution of nitrate af silver—20 grs. to the ounce—to the surface of the ulcer, and also to the surrounding parts; a compress of lint, large enough to cover the adjoining congested parts is then applied to the limb, (if the sore is situated upon an extremity) and this is firmly embraced by a roller in its entire extent. The roller, by its uniform pressure upon the limb, promotes absorption of the cellular effusion and maintains the tone of the vessels, and the silver, by its peculiar action, changes the local morbid condition. This application is repeated once in 48 hours until the character of the ulcer is changed. After the third or fourth application, the surrounding fullness and lividity disappear; the glassy paleness soon gives way to a rosy healthy hue; the granulations are more numerous, small and firm; the discharge more laudable and scanty, showing that the plastic element is turned to good account, and the uneasiness and pain, usually before existing, vanish as the change goes on. This improved appearance is established; the silver is discontinued, but the roller is retained, even after cicitrization is complete.

In the Irritable variety of ulcer, characterized by an acutely sensitive surface, intense buruing pain, thin, acrid, bloody discharge, this remedy is equally efficacious. A highly irritable state of the implicated textures, attended with great susceptibility to inflammatory accessions existing in these cases, we usually premise an emollient and anodyne poultice at night, for three or four days before the application of the silver. The extreme irritability having been in this way reduced, the nitrate of silver, in substance or strong solution, is applied lightly and frequently over the ulcerated surface. Pain quite severe usually succeeds, but is soon relieved by a light warm poultice, which is continued, and repose enjoined, until it becomes necessary to re-apply the silver. Once in 48 hours is sufficiently often for this; and under its application, amendment is rapid and satisfactory. The pain subsides, the irritable characteristics decline, the sore becomes occupied by healthy granulations, and the case is soon complete.

Case 1.—Sarah ——, aged 33, full habit, and accustomed to labor and fatigue, suffered three years ago from a cutaneous disease, which, after a brief treatment, seemed to concentrate upon the inferior ex-

tremities, and resisted a variety of treatment, vigorously conducted. The pustular cavities, after evacuation, rapidly degenerated into irritable and painful sores, and these coalescing soonfo rmed a large ulcerating surface on each anterior tibial region, with all the characteristics of the irritabile variety above described. Superadded to the ordinary symptoms, was deep seated pain of the limb, increased at night, indicating the existence of periosteal inflammation. Every effort had been made by physicians to whom she had applied but without relief. The pain increased in severity, the sore continued to enlarge, and, when I saw her eighteen months after, the ulcer had been established on the limb, the general health was evidently sympathizing strongly with the local condition. An emollient and anodyne poultice was ordered, and repose enjoined for a week. The nitrate of silver, in strong solution, was then applied to the ulcerated surface once in 48 hours for three weeks, the part being covered in the intervals with light lint dressing, and occasionally water dressing, when inflammation threatened to supervene. The sore having, during this period, assumed a healthy character, and the cure seeming to be impeded only by the surrounding congestion, the roller was applied to the limb, and continued until cicatrization was completed. This occurred in two months after commencing the treatment, and afforded the first exemption from a painful discharging sore, which she had enjoyed for more than two years.

Case 2.—Robert ———, aged 28, suffered an abrasion of the cuticle near the ankle, two years ago, whilst a soldier in Mexico. Being exposed to constant fatigue in service, he had no opportunity to attend to the inflammation which followed. The result was the establishment of a higly irritable ulcer two or three inches above external malleolus.

The surgeon of the regiment treated him several weeks without success. He brought this trophy of patriotism to the States, and subjected himself several times to unsuccessful treatment. He applied to me first of August, 1850, and the lesion of the tegumentary tissues, which was equal in size to a Mexican dollar, presented all the characters of the irritable ulcer. The noctural exacerbations, and the deep soreness pervading the limb, indicated periostitic complication and the general health was evidently giving way.

In consequence of the severity of the nightly paroxysms, the addition of an opiate was made to the usual treatment; he was then ordered the emollient and anodyne poultice at night for several days, which greatly reduced the irritability of the sore, and improved the appearance of adjacent parts. The night pains were also relieved.

We now applied the nitrate of silver, 30 grs. to the ounce, every 48 hours to the sore and the limb in its vicinity, with the roller moderately applied during the intervals. The sore rapidly improved, and in six months from the commencement of the treatment cicitrization was complete.

Oct. 21st. Parts present healthy appearance; cicatrice firm and depressed; general health improved. Bandage retained.

We might multiply cases of this general character to a great extent, but the instances given, presenting the worst forms of the disease which have fallen under our notice, are sufficient. We think the surgeon will never be disappointed in the judicious use of nitrate of silver in the treatment of these ancient ulcers, and although we have only attended to its application in a few varieties of this lesion, we know of no better local remedy in the specific forms of ulcer, as the venereal and the scrofulous; but these requiring appropriate general treatment in addition, could not be so conveniently referred to.

Hemorrhoids.—When the tumors are recent, an ointment of nitrate of silver may be applied with the happiest effect. In the British and Foreign Medical Review for January, 1850, may be found the sanction to this practice. Acting upon the hint therein contained, we have frequently applied, and always with benefit, an ointment composed of from 5 to 10 grs., finely pulverized, to an ounce of lard. When the bleeding arises from internal venous congestion, an injection of one drachm of the solution, 10 to 30 grs. to ounce, into the rectum, will often succeed. Prolapsus ani has been cured by the same application.

White Swelling.—A military surgeon, M. Decaisne, has published some cases, illustrative of the efficacy of nitrate of silver in this intractable disease. One of the patients, a man 27 years of age, in whom the disease had assumed its worst forms, and, when amputation seemed inevitable, was ordered to employ friction twice a day with an ointment composed of a drachm of the silver to an ounce of lard. Under this treatment the case rapidly improved, and at the expiration of the second month, the strength of the ointment having been in the meantime increased, a perfect cure was obtained.

The second case occurred in the radio-carpal articulation of a young boy. After using the ointment of nitrate of silver two months, he was cured.

In both these cases, all the usual remedies had been used in vain.

Hydrarthrosis—According to Dr. Uytterhoeven, the ointment of nitrate of silver exercises a resolutive action upon serous swellings of the joints. He has employed it in several cases of dropsy of the joints with invariable success, and our own experience in these cases,

although limited, sustains his statements. To prevent the rubefacient or vesicating effect of the neutral salt on the skin, which would follow the application by severe friction with the strong ointment, it is necessary to dissolve the nitrate of silver in a small quantity of distilled water before incorporating it with the lard; generally some pain is produced at the point of application, but this is of short duration.

Case.—Thomas M., aged 17, farmer, sustained a sudden wrench of the left knee. Synovial inflammation was rapidly developed, attended with a high grade of inflammatory fever. Antiphlogistics, general and local, actively employed, speedily relieved the patient, and three weeks from the reception of the injury, he was well, except a slight stiffness in the joint when in exercise. Two months after the accident, when every iuconvenience seemed to have vanished, without any preceding pain or soreness, a swelling made its appearance on the inside and a little below the Patella. This gradually increased, and when I was consulted three months after its first appearance, it involved the entire articulation. There was but little tenderness upon pressure, and the impediment to locomotion was slight.

Regarding this as a case of passive Hydrarthrosis, I resolved to follow the practice of Uytterhoeven. A drachm of the nitrate of silver was dissolved in the same quantity of water and incorporated with two ounces of lard. With this ointment the knee was thoroughly rubbed every morning, and the roller applied to the entire limb in the intervals. A slight cntaneous efflorescence followed the first few applications, attended with a burning sensation for half an hour; but no further inconvenience resulted. The swelling was visibly less on the tenth day, and in six weeks had entirely disappeared.

Art. IV.—*Atresia Vaginæ from injury during parturition.* By Nichols Hard, M. D., Professor of Anatomy in the Iowa University,

Notwithstanding the immense distension of the vagina during the passage of the fœtal head, and the long continued pressure to which it is sometimes subject, still, inflammation from these causes is not of frequent occurrence. So wisely is this organ adapted to suffer distension, displacement, pressure, and contusion, that in a majority of difficult labors, and even when the parts have been irritated with instruments. serious results seldom follow; the parts soon regaining their natural condition. On the other hand, violent inflammation, accompanied with sloughing of the vaginal walls, has been known to follow a speedy and natural labor.

As a general rule, unquestionably, such results are most likely to occur after lingering labors, where the fœtal head has remained for a long time in the excavation, and especially when instruments have been resorted to to effect the delivery. But the possibility of this accident supervening upon natural labors, should teach us never to neglect informing ourselves of the condition of the vagina in puerperal women.

Acute Vaginitis has frequently been observed in young females who have never been pregnant, and where the disease is not traceable to any obvious cause ; and in such cases may eventuate in the adhesion and obliteration of the tube, giving rise, at the period of puberty, to all the evils of retained menses. Although it is not the character of mucous surfaces to adhere from inflammation, still ulceration and sloughing of the mucous tissue is no uncommon tirmination of inflammatory action ; and when once a slough has separated, an abrasion has occurred of the mucous membrane, the adhesive process has set up, as readily as between inflamed contiguous serous surfaces. Such adhesions have been observed at different parts of the alimentary tube and the urethra, as well as in the vagina ; and are liable to take place whenever the opposing surfaces of a mucous tube have become abraded. In this manner adhesions very frequently occur between the labia of young girls, which admit of ready relief from the bistoury. A more serious cause of imperforation of the vaginal canal, arises from a thickened and imperforate hymen. This structure has sometimes been found of the thickness of two inches, demanding an operation of considerable difficulty for the relief of the patient. Cases of a still more aggravated character have been known to follow simple inflammation of the vagina, namely, complete adhesion of the parieties of the canal ; and this condition occurring in a female who menstruates, has called for an operation beset with numerous difficulties, in order to preserve the patient's life.

The term *Atresia* has been bestowed on imperforations of the vaginal tube. Atresia is the generic term, and comprehends two varieties: 1st, Occlusion, where the vaginal walls, more or less abraded, are adherent: 2d, Obturation, where the passage is obliterated and filled up with a morbid growth.

Each of these varieties of obliteration are further called complete, or incomplete, in reference to the extent of the occlusion: and congenital or accidental, as the deformity may have existed at birth, or arisen from accidental circumstances. If Atresia vagina be congenital, or occur at an early age, it may totally escape observation ; and no especial inconvenience will be experienced until the period of pu-

berty, at which time the symptoms of menstruation will be present without the discharge. At each menstrual epoch the pains return with increased severity, and in many instances continue through the entire month—the abdomen swells; the organs within the pelvis suffer compression, and unless the patient is relieved by an operation, after much suffering, her life is sacrificed. The accidental variety, especially that which follows difficult labors, is generally preceeded by all the phenomena of inflammation, which can hardly fail to attract the notice of the medical attendant; and, in most instances, sloughing of the vaginal parieties will take place to some extent.—Whenever such symptoms occur, the medical attendant should satisfy himself of the exact condition of the parts; for this is the precious time, when a judicious treatment may mitigate the inflammation, and effectually prevent the closure of the canal. This last indication is readily fulfilled by the constant use of bougies. We will cite a few examples of this rare affection.

In the year 1826, Dr. Segalas communicated to the Acad. de Med., the case of a woman whose vagina became obliterated after a difficult labor, causing complete retention of the menses. No mention is made of an operation having been attempted for the relief of the sufferer. Another case was laid before the same body in 1834; of occlusion of the vagina from the injection of sulphuric acid into the canal, by the patient herself, for the purpose of procuring abortion. No opperation was attempted, and the case terminated fatally, by spontaneous rupture of the uterus, and effusion of its contents into the peritoneal sac. This is one of the most probable terminations of occlusion of the vagina in a menstruating female. The uterus goes on to enlarge at every menstrual period, until it acquires its maximum of distension, when its walls give way, and death speedily ensues.

In some cases the general health fails, and the patient sinks, before a very great accumulation has taken place in the uterus.

A case came under the observation of Prof. Flammand, where the vagina was obliterated to the extent of four inches. The Prof. succeeded, after a tedious operation, in separating the adhesions with the knife, without injuring either the rectum or urethra, and with complete relief to the patient.

In regard to the attempting an operation for the relief of occlusion, there can be but one opinion, where the obliteration is partial. *The operation must be attempted.* The extent of the obliteration can in most cases be ascertained with a degree of certainty, by a careful and thorough examination. A sound is to be passed into the bladde-

and a finger into the rectum, and the sound carefully traced by the finger. In this way, the space separating them may be estimated, and the character of the intervening substance ascertained. If the upper portion of the vagina be not involved in the adhesion, and the os-uteri not occluded, the canal will be filled with the menstrual fluid, which will be evident to the finger. Where the adhesion is complete, shutting up the entire length of the vagina, the propriety of an operation is rendered more questionable. The high authority of Morgagni, Blasius, and Benivoli, is against it; each of whom, it is stated, undertook the operation under such circumstances, and were obliged to leave it unfinished. And it is to be remembered that in these cases the parieties of the canal were only adherent from inflammation. How much greater, then, must be the hazard of an operation where the vagina has completely sloughed away, leaving nothing but a cicatrix uniting the rectum with the urethra and bladder. Yet such a case is on record, where an operation was performed with success. The case to which I refer may be found in the "Phil. Pract. of Mid., by Prof. Meigs," and is undoubtedly the most interesting case heretofore published, when we consider the aggravated nature of the case, the difficulties necessarily encountered in the operation, and the successful result. I shall present a brief abstract of the case:

A woman came to consult Dr. Randolph, of Philadelphia, for occlusion of the vagina. After rapid labor, and considerable uterine hemorrhage, she was attacked with inflammation and sloughing of the vagina. The discharges gradually ceased, and the woman recovered her health. When examined by Drs. Randolph and Meigs, a tumor was found occupying the hypogastrium, circumscribed, firm, and resisting. Upon separating the labia, there was nothing but the genital fissure. A finger introduced into the rectum, detected the enlarged uterus, filling up the excavation. When a sound was introduced, it could be traced by the finger, the only tissue separating it being the coat of the bowel and the urethra adhering together. The vagina had sloughed away, and the uterus was distended with menstrual fluid. Dr. Randolph operated with the intention of making an artificial vagina, and giving exit to the fluid. A metallic staff, slightly curved, was introduced into the bladder, and the urethra held up under the arch of the pubes while, with the left index finger in the rectum, he dissected, by horizontal strokes with the bistoury, the tissue between the rectum and urethra, and carried his incision nearly up to the substance of the womb, without either wounding the rectum, urethra, or bladder. It was found impossible to ascertain the

position of the os-uteri, and the case was left at this stage, with the hope that the increasing expansion of the uterine globe, would eventually bring the os-uteri in relation with the artificial vagina, (which was to be kept open by bougies,) and the menstrual fluid would discharge by this passage.

The patient returned to her home, and in three months came again to Philadelphia for further treatment. The uterus had not emptied itself into the artificial vagina, but had become still further distended. The sufferings of the patient were great, and it was resolved to puncture the uterus through the rectum, and thus relieve the patient by withdrawing the fluid from the distended womb. This was accomplished with a curved trocar and canula. In the course of twenty-four hours, there had issued from the canula, about twenty five ounces of menstrual fluid, of a dark red color, without odor, and about the consistency of meconium. The uterine tumor disappeared, the patient's sufferings were greatly alleviated, and she left the city much improved in health. About a month after her return home, she discharged through the artificial vagina, a fluid similar to that which flowed from the canula. Again, four months after, she discharged through the vagina, about twenty-five ounces of a similar fluid. Five years after, the report goes on to say, the woman's health was good. Her menstruation was regular, but painful. The artificial vagina had become a small, sinuous opening, communicating with the cavity of the womb, through which she menstruated.— The result of the operation in this case, was highly gratifying, and creditable to the boldness and skill of Drs. Randolph and Meigs.— The patient unquestionably owed her life to it.

The following case, occurring under my own observation, is one of exceeding interest in reference to its history, the cause of the obliterbtion, the operation and its results.

History. Mrs. R. T. Ostrander, of Geneva, Wisconsin, aged 35, of robust constitution, primipara, was taken in labor in the forenoon of May 6th, 1846. Near 12, M., the medical attendant made an examination, and found the head presenting, in the Left Occip. Acetab. position, and gave a favorable prognosis. In a few hours he requested a consultation, and a neighboring physician was called as counsel. Soon after his arrival, and before night, the counsel proceeded to apply the forceps, the uterine pains in the meantime were strong and vigorous, and the patient is no-wise sinking. The instruments used were the long curved forceps. From one to two hours

were occupied in endeavoring to apply the instruments, and the attempt finally abandoned. A prompt anodyne was then administered, and further counsel called. The third physician arrived at one P. M. next day. On examination, he stated that the head was still above the sup. strait., and proceeded to introduce the vectis. After using this instrument (the vectis) about an hour, he stated that he had brought the head into the excavation, and effected the rotation of the ociput. The first physician called as counsel then proceeded to apply the forceps, which he finally succeeded in doing, and to use his own words, "by exerting a good deal of force;" accomplished the extraction of the fœtus, still born. The last physician called, states that he found the patient in a state of exhaustion, calling for speedy delivery. The placenta was readily extracted. The medical attendant states that peritoneal inflammation followed, with great swelling and tenderness of the vulva, vagina, and soft parts contiguous, which yielded to an anti-phlogistic course of treatment. During the convalescence, which was tedious and prolonged, the discharges from the vagina were copious, purulent, and offensive, and frequently large patches of a membranous appearance were thrown off described by the husband as "resembling the coat of the bowel." At one time a large piece of membrane rolled up, presented in the orifice of the vagina. and was extracted by the husband with forceps. Notwithstanding the knowledge of these facts, no especial attention was directed to the condition of the vagina. until about the first of July, when it was ascertained that the canal was completely occluded.

Condition of the Genital Organs.—In Sept. the patient came to St. Charles to consult Dr. Richards and myself in relation to her case. Upon examination the following was ascertained: The vaginal orifice was perfectly closed. The anus and meatus urinarius were separated by a space of only three-fourths of an inch—composed of a cicatrix, with a small fungous growth in the centre, projecting and pendulous. Upon introducing a staff into the bladder, and a finger into the rectum, the staff could be plainly traced by the finger to the distance of three or four inches, the intervening substance being immovable, thin, firm, and giving no evidence of the existence of any part of the vagina. It was rendered quite clear to our minds, that the *vagina had sloughed away*, and that the urethra and rectum had been drawn together and united by a very thin and firm cicatrix. The uterus, slightly enlarged, was discovered by the finger in the rectum, but the position of the cervix could not be clearly made out. The patient's general health was good at this time, but she was justly alarmed from having experienced all the symptoms of menstruation a few

weeks previous to her visit to St. Charles. No medical treatment was advised, but the patient was cautiously promised an attempt to relieve her by operation, if the catamenia should become fully established. The patient returned to her home.

Three months after this, I was called to see the patient. Her health was suffering from the accumulated menstruation of four months, and the fifth menstrual period had just set in. The pains were very harrassing, and had continued for the last time, three weeks, leaving but an interval of one week, and that intervel by no means free from pain. The hypogastric region was slightly enlarged, and the uterine globe could be readily distinguished pr. rectum, considerably distended.

The condition of the other genital organs the same as on the first examination, with the exception that the parts seemed firmer and more contracted. The patient implored an operation for her relief, notwithstanding the chances or a failure were candidly stated, and the many dangers of the operation were set before her in their proper light.

Steps of the Operation.—Dec. 36, 1846, at three o'clock P. M., proceeded to operate with a view of making an artificial vagina, and relieving the uterus of the menstrual fluid accumulated within it, in the presence of Dr. Clarkson Miller, and with the assistance of Dr. L. F. Torrey.

I would here take occasion to express my obligations to Dr. Torrey, not only for favorable suggestions and counsel, but for his assistance in several intricate and important steps of the operation.

After the rectum and the bladder were emptied, the patient was placed nearly in the position recommended for lithotomy; the legs flexed and separated, and the perineum resting free over a matrass. A metallic male catheter was passed into the bladder, and the urethra held up firmly under the pubes—the pendulous growth from the vulva was first excised with scissors. Then, with the index finger of the left hand introduced into the rectum as a guide, I commenced by making slight horizontal incisions with the scalpel, and continued them for the depth of half an inch. The scalpel was then exchanged for a trocar and canula, (made for the occasion,) about eight inches long, and somewhat smaller than a common pipe stem, which was carefully pushed forward about an inch further. During this procedure, the triangular point of the trocar was distinctly felt by the finger in the rectum as it was passing, and on the other hand the instrument communicated an impression to the catheter in the urethra, which was plainly perceived by the hand that held the catheter, so small was the space between the two canals!

The trocar was then withdrawn, and the artificial canal cautiously enlarged by slight lateral incisions with the bistoury. The finger was then crowded into the opening, effecting still further penetration. In this way, by making use successively of the trocar, the bistoury, and the finger, in the order here stated, (the trocar pioneering the way,) the uterine tumor was eventually reached, without penetrating either the rectum, urethra, or bladder, and leaving a canal sufficiently large to admit the finger.

The canal thus made was 5½ inches in depth, and struck the uturus at about the anatomical division between the cervix and body of the organ; about two inches from the os-uteri, in the distended condition of the womb. We were now able, by passing one finger into the artificial vagina, and another into the rectum, to ascertain, with precision, the locality of the os-uteri. It was felt between these fingers, lying upon the rectum, and pointing obliquely to the left and posteriorly, completely imbedded in a cicatrix, which thinned off gradually, and lost itself in the wall of the rectum. An attempt was made with the finger, and then with the scooped extremity of the director, bent at an angle, to break up the adhesions around the cervix, but without success. Two methods of opening the uterus then suggested themselves, between which to choose: 1st, to introduce the trocar, and by depressing its point, and pushing it forward, to penetrate the uterus in the situation of the original os-tincæ; 2nd, to make an incision with the bistoury, carrying it down in the direction of the os-tincæ. The latter course was determined upon, and the bistoury carried up in the groove of the director, and the incision with great difficulty made, but not so deep as to penetrate the uterine cavity. The bistoury was now exchanged for the trocar, its point placed in the middle of the incision just made, and gradually pushed into the cavity of the uterus. Upon the withdrawal of the trocar, leaving the canula in the uterus, the menstrual fluid flowed freely.

The fluid continued flowing from the canula for the space of ten minutes, during which time ten ounces were withdrawn, and during the following night, about six ounces more escaped. An attempt was made with the bistoury to enlare the aperture in the uterus, but the organ was now collapsed, and its walls yielding and moveable, and the artificial vagina so small that the attempt was abandoned.

In order the more readily to succeed in introducing a catheter into the uterus, a wire was passed into the uterus through the canula, which was withdrawn over the wire. The catheter, properly secured, was left in this situation. Not more than an ounce of blood was lost. The moment the menstrual fluid was withdrawn, the patient

expressed herself completely relieved of the distress which had so long annoyed her. The operation lasted 3½ hours, including occasional intervals of rest for the patient. Pulse at 88 per minute, during the operation; at 96 while the fluid was being withdrawn; in ten minutes after, 86.

The patient was very comfortable during the night, and slept quite calmly a part of the time; and two days after, when I took my leave, her condition was equally favorable. The case was left in the care of Dr. C. Mlller, with instructions to keep the canal open by elastic catheters, frequently changed, and after the inflammatory symptoms subsided, to attempt dilatation of the passage by bougies, gradually increasing their size.

Result.—Of the progress of the case since the performance of the operation, I have been kept duly advised by letters from Dr. C. Miller. Inflammation soon set in, involving the constitution in considerable disturbance, and requiring the use of the lancet several times. A good deal of difficulty was experienced in keeping the catheter in the passage, and after its withdrawal, its introduction was sometimes rendered impossible for several days.

Under date of January 27, Dr. Miller writes: "The result in Mrs. O's case is quite uncertain. The parts are much inflamed, the discharge is copious, and I fear the opening into the womb is closed." After this, his letters gave more encouragement, and in his last, under date of April 25th, he gives the result of the case in the following words: "Mrs O.'s general health is good. She has a passage in the place of the vagina, which enters the uterus, and of sufficient size to admit the finger. Through this artificial vagina she *menstruates* regularly. She has no leucorrhœal or puriform discharges. The passage is not very sensitive, and, in my opinion, would readily admit of dilatation by bougies. But to this she objects. Her general health is such that she walks to church, visits, and does her house-work."

Remarks.—I deem this case of so much importance, that I shall examine a little more closely some of its important features.

1st. The management of the labor. If the facts are such as I have stated in the report of the case, (and they are drawn from the statements made to me, of the three physicians in attendance,) there was an obvious violation of the established rules of practice, in two particulars. First, in reference to the time of applying the forceps. The labor came on in the morning; the presentation was natural, yet the application of the forceps was attempted, and persisted in, before night, while the uterus was acting vigorously: no accident had occurred to render immediate delivery necessary, and no symptoms of

exhaustion were present. We find nothing to justify this wanton attempt Let me take this occasion to indicate the true rule of practice in resorting to the forceps. We are to be guided, not by the length of time the labor has lasted, nor by the consideration that we may in that way hasten the birth of the child, and relieve the sufferings of the woman. We are to use the forceps *only*, when, if the labor be not speedily terminated, the life of the mother or the child, or both of them, will be endangered. Interference with instruments, unless the indication for their use is positive, cannot be too strongly condemned by all who would aid in freeing the obstetrical art from the reproach under which it has labored in times past. The second error consists in the endeavor to apply the forceps while the head was still above the superior strait. No point in obstetrical practice is more clearly defined, than the jurisdiction of the forceps. And it is a great error to suppose that turning, and the forceps, are mutually substitutes; or that in any given case, there is room for choice between the two modes. In cases of accidents, or other imminent circumstances, calling for prompt delivery, the two most common and valuable resources are "turning" and the "forceps." But in cases where turning is the appropriate resource, the forceps cannot be safely applied; and on the other hand, when the forceps are applicable, the manœuvre of turning is out of the question. Here is the general rule: If the head be above, or only engaging in the superior strait, you are called upon to turn; if below the brim, or in the excavation, the forceps are the appropriate means of relief. In the case under consideration, we have the explicit statement of the third physician called, that on the afternoon of the second day, he found the head above the superior strait, while a tedious manipulation with the forceps had been made the day previous.

2d. The condition of the menstrual fluid. This fluid had been accumulating in an hermetrically sealed womb five months. Its consistence was about that of treacle; its color a little darker, and so adhesive and glutinous was this substance, that in dipping up a spoonful, it would all run out like the albumen of an egg. It was inodorous, and without coagula, evincing not the least sign of a putrefactive tendency. The only change which the fluid had undergone from retention for so long a time, was an increase in its spissitude, arising, probably, from an absorption of its more aqueous particles. This is certainly one of the most remarkable facts in physiology. It seems to be in the generative passages alone that sanguineous accumulations are preserved without any change.

In regard to the essential nature of this fluid, there is much diver-

sity of opinion. The advocates of its sanguineous character have multiplied much of late.

3d. *The Operation.*—In reviewing the several steps of the operation, I can find but one point where I would vary the procedure, had I a similar case on hand. I should have preferred to have made a larger opening in the uterus, and intended, in this case, to enlarge the opening after the fluid was withdrawn. But on making the attempt, I found the organ collapsed, and the parts yielding and moveable, so that with so small a canal, not admitting both the finger and the instrument, it was highly hazardous to attempt it. In a similar case, as soon as I observed the fluid flowing from the canula, I should stop it with a cork, and proceed to enlarge it, with but little risk of doing injury.

I am inclined to look with great satisfaction on the employment of the small trocar, in conjunction with the knife, in separating the rectum and urethra. I am satisfied that the attempt to make a passage between these two canals with the knife alone, when the space was so very limited, must have resulted in the perforation of one or the other. But when once a canal is made, however small, by carefully crowding the trocar forward, the enlargement of it by the bistoury and finger, was effected with much less risk. The operation was borne by the patient with the most heroic fortitude.

The proudest trophies of modern surgery, consist in its many successful operations for the relief of deformities, both congenital and accidental. Most that is original in the surgery of the last quarter of a century, is in this field of enquiry. The brilliant successes of Tenotomy, and the broad range of Plastic operations, are the results of this tendency of modern surgery. And altho' its results are less astounding than the bold innovations of a Larrey, a Dupeytren, a Cooper, or a Physic, still, we are persuaded they have tended, probably in a greater degree, to advance the interests of the great cause of philanthropy.

Miscellany.

American Medical Association.

Dr. Phelps, of N. Y., offered the following resolution, which was adopted:

Whereas, The clerical profession often, though perhaps sometimes unwarily, yield their extensive influence in the community in giving currency to quackery and quack medicines, therefore,

Resolved, That this subject be referred to the committee on Hygiene, to consider and report at the next annual meeting of the Association.

Dr. W. Hooker, of Ct. offered the following resolutions:

Resolved, That the rule in relation to nostrums and secret medicines, contained in our code of medical ethics, ought to be strictly observed by the medical profession under all circumstances.

Resolved, That when a physician claiming to be the inventor of a new medicine, and using the measures of the common quack in effecting its sale, manages to escape censure and punishment, and to obtain even the countenance of a portion of the profession, by revealing the composition of his medicine to such of his medical brethren as may desire it, he is guilty of a dishonorable evasion of the rule referred to, and should be so considered and treated by the whole profession.

Dr Lawson, of Ohio, moved to amend by the addition of the following:

Resolved, That this Association regards it as contrary to its system of ethics for medical Journals to advertise nostrums, or secret remedies, although their composition may have been made known to the editor.

The resolutions and amendment were then adopted.

These resolutions of Drs. Phelps and Hooker, strike at an evil which has been apparent to medical men for several years past; yet, until now, no one seems to have had the moral courage to meet it. It is well known to the whole medical profession of the United States, that whilst they have done more, in a professional way, for the clergy, than for any other class in the community, that respectable body of men have constantly yielded their powerful influence, to the mercenary and detestable nostrum venders of the country.

We are willing to adopt the language of Dr. Phelps, and say, that they have been *unwarily* led into the practice; but it is nevertheless true, that scarcely a false and rampant advertisement of quack nostrums can be seen in the public papers, that has not the certificate of some Rev. gentleman to its deceptive pretensions.

It is a source of sufficient regret, that members of the regular profession, tempted by the glittering reward, sell their honor and their birthright to engage in this hateful traffic; that the press, otherwise the greatest gift of God to man, is subsidized by its treasure; and that those who dispense the medicinal blessings of the bountiful kingdoms of nature, mingle with their pure streams, those noxious compounds. The clergy exercise a profession in every respect intended to promote the moral and physical improvement of mankind; and it may be a source of honorable pride to them, that their body so faithfully sustain the principles of their vocation, This proverbial fidelity is sufficient evidence that their occasional support of quackery and nostrum

vending, is based upon a misapprehension of the truth, and warrants us in the hope, that when the regular profession, through their scientific and organized associations, shall portray the enormity of the sin, they will promptly repudiate all connection with it.

The resolutions of Dr. Hooker were scarcely less demanded, than those of Dr. Phelps. Respectable physicians, even those enrobed in professional honors, have not hesitated to lend their sanction to this nostrum trade.

The following is a notable example of this fact:

"I have looked over the list of ingredients composing John Bull's Compound Extract of Sarsaparilla, and have no hesitation in saying, that they form a safe compound, and one that promises well in chronic diseases to which it is applicable. L. P. YANDELL, M. D."
Louisvile, June 6th, 1848.

This gentleman belongs to a Faculty who have assumed the most aristocratic position in medical literature, and who have affected to look with perfect contempt upon every school, not situated in a large and populous city; but their attention should be attracted to this endorsement, by one of their number, of John Bull's quackery. Before their representative again denounces the country schools as "fungi" upon the body scientific, which should be cut off and thrown aside, let him turn his skill to the mitigation of more serious ills. Louisville, with all her aristocracy and exclusiveness, has afforded the only example of a Professor of regular medicine, giving his sanction to this "dishonorable evasion" of the rule in relation to nostrum and secret medicines; and her proud representatives should reflect upon this, before they again address the American Medical Association in such grandiloquent strains.

Prof. Lawson, ever alive to the honor of the medical profession, struck another chord that will not vibrate very harmoniously to the touch. His resolution should have included, however, a little more. We would have suggested an amendment as follows: "or publish the Faculty Card and advertisement of quack schools." (See Western Journal of Medicine and Surgery, for Sept. 1850, containing the card ot the "Memphis Institute," and "Eclectic Medical Institute of Cincinnati!") What the publishers recieve for giving notoriety to these irregular establishments we do not know. We hope it is no more than the ordinary price.

Dr. Stille, Chairman, presented and read the report of the committee on Medical Literature, concluding with the following resolutions:

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That in the opinion of this Association it is equally the duty and the interest of the profession to sustain its periodical literature, both by literary contributions and subscription.

Resolved, That since literary excellence is best developed by literary studies, the formation of medical reading clubs, after the plan set forth in the report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the standing committee on Medical Literature be instructed to report to the Association at its next meeting, what medical work published during the year of their service, in their judgment is the most valuable, and, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That the State and local societies are hereby recommended to offer pecuniary reward, or other distinction, for the best memoir founded upon original observation.

Resolved, That medical colleges are hereby recommended to distinguish the best inaugural thesis, by a public announcement of its subject and the name of its author, and in such other manner as they deem appropriate.

Resolved, That the sum of *one hundred dollars* raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851; the authors names to be concealed from the committee: and the name of the successful competitor alone to be announced after the publication of the decision.

On motion, the report was accepted, and referred to the committee of publication, and the resolutions were adopted.

Dr. Gross, of Ky., offered the following preamble and resolutions which were adopted:

Whereas, The interests and dignity of the medical profession of the United States, as well as a true spirit of patriotism and a love of independence demand that we should use all proper and honorable means for the establishment of a national medical literature, and, whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own, therefore,

Resolved, That this Association earnestly and respectfully recommends to the medical profession generally, and to the various medical schools in particular, the employment of native works as text books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians, has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the objects contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the reprint, in their original and unmutilated form, of any meritorious works that may emanate from the British press.

We are not so sure that it would be proper to substitute native

works, as text books, for foreign productions in every department of medical science; for, in some departments, our foreign brethren have given us the best works; and national prejudice should offer no obstacle to the progress of science. A student who expects to spend his life in practice in the West, would assuredly derive more useful instruction, in practical medicine, from instructors who were familiar with disease as modified by the physical agencies incident to this region, but the *demonstrative* branches, as Anatomy or chemistry, having relation to forms and laws unalterable throughout the world, may be as well developed in the University of London, as in the University of Iowa.

But Dr. Gross has embraced another object in his resolutions, equally laudable. There has scarcely been a work from the press of England during the last twenty years, that has not been duplicated by some ambitious aspirant for premature fame, on this side of the Atlantic. Our medical literature has thus acquired a kind of parasitic character, by no means honorable to our country. Men, without experience and without reputation, have thus fixed a blotch upon the purest science of Europe, which has brought disrepute upon our profession abroad, and obscured the brilliancy of their achievement at home. If the sentiments embraced in the resolutions of Dr. Gross, can be established and maintained, it will greatly advance the dignity of American Medicine.

These remarks will conclude our notice of the American Medical Association. The synopsis of proceedings is brief, for two reasons; first, because it embraces every thing of importance, and which our limited space enabled us to copy; and second, we desired to make some remarks explanatory of our views in regard to the influence of this body upon the character of the profession in the United States. When it was first organized, we cherished the fondest and most ardent hopes of its usefulness, and it was this that stimulated us to travel two thousand miles, as a representative of an American School of Medicine, and offer our humble co-operation in carrying out the primary objects of the Association.

The asperity of our remarks is intended to inflict no personal or public injury. We shall continue, as long as we remain connected with the medical press, to defend the honor, and maintain the dignity of a science we love; and we shall attempt no refinement of language in stigmatizing the defection of those who claim to be its votaries. To connive at the crimes of quackery, or to speak softly of error because it is *popular* or *powerful*, is no part of our design. We shall wage an uncompromising war with every thing of the kind, and

as far as our abilities go, they shall be devoted to the honorable advancement of standard science.

We believe many of the delegates left Cincinnati, in May last, disappointed with the irresolute policy of the Association, and mortified that it failed to take cognizance of, and rebuke the conduct of men and schools, who were allowed to participate in its deliberations. Some of these, we know, have avowed their intention to return no more; but this is not the case with us. We shall still adhere to this Association as the great hope of the profession in the United States, and it will be our pleasure to sustain its principal recommendations, until it shall finally refuse to correct abuses—after being fairly presented—which, with a large number of our professional brethren, we believe to be totally incompatible with the interests and honor of medical science. S.

Medical Meeting.—An adjourned meeting of a majority of the physicians of the city of Keokuk for the purpose of forming a City Medical Society, was held on the 3d of Oct. at the office of Dr. Bond. Dr. J. F. Sanford in the Chair.

A Constitution for the formation of such an Association reported by Dr. Bond, as chairman of a committee for that purpose, after due consideration and amendment, was unanimously adopted.

The objects of the Society, as set forth in the preamble, are, to maintain and elevate the standard of the medical profession, promote the harmony and usefulness of its members, and to secure its just rights and privileges.

The Association is denominated "The Medical Society of the City of Keokuk," and holds its regular meetings quarterly.

Membership is limited to those of the regular profession, of good character, and practicing in the city.

The officers of the Society are elected for one year, and are as follows: Dr. J. Millard, President; Dr J. Haines, Vice Pres't.; Dr. E. R. Ford, Sec'y and Treasurer; Dr. M. F. Collins, Librarian, and Drs. D. L. McGugin, J. F. Sanford, and B. N. Bond, Censors.

On motion,

Resolved, That a committee of three be appointed to propose a code of Medical Ethics, to be submitted to the next meeting. Drs. McGugin, Galland and Ford were appointed such a committee.

Resolved, That a committee of three be appointed to propose a code of by-laws, to be submitted to the next meeting. Drs. Collins, Hemenway and Armor were appointed such committee.

Resolved, That an abstract of the proceedins of this meeting be published in the city papers and Western Medico-Chirurgical Journal.

Adjourned to meet on Thursday evening, 17th inst., at the same place. J. MILLARD, *Pres't.*

E. R. FORD, *Sec'y.*

To the Profession of the West.

We need scarcely remind our readers that there are two essential elements to the success of a Medical periodical; first, that it have a sufficient number of *paying* subscribers; second, that it be sustained by *original communications.* Without subscribers no journal can be sustained without sacrifice to the publishers; and without contributors, we cannot expect subscribers. To secure, then, the former, we must have the latter.

One great leading object of a medical periodical is to embody the observations and reflections of the profession in the more immediate region in which it is issued. It is this that gives freshness and interest to the pages of a Journal; and we are satisfied that nothing will compensate for a defect of original matter in a periodical. Without it, it is lifeless—a body without a soul: its features may be admired, its dress may be neat, its typographical execution unexceptionable; but within, it has no independent vitality. It is absolutely a reproach on the periodical medical literature of this country, that one journal is so frequently the mere echo of another. We have a pride and ambition, that the WESTERN MEDICO-CHIRURGICAL JOURNAL, representing the Medical Literature of this North-Western portion of the Upper Mississippi, and emanating from the border State of the Union on the West, shall *speak its own native language.*

Will not, therefore, the profession of the West—those for whose interest the Journal has been established—come to our aid and furnish matter for our pages? We make the appeal knowing that we have abundance of talent in the profession if it can be drawn out; we feel no misgivings on this score; if Western Medical science is not well represented through our pages, it must be attributed to the apathy, not to the want of *qualification* on the part of our brethren of the West.

We solicit contributions from the WEST mainly for two reasons; first, we have a Western Medical Literature to build up and sustain. To *embody* this literature we have started our Journal. Second, we want communications embodying reflections on the Medical Topography of the West. The relations of Etiology and Geology to Medicine, is a subject of much interest to the Western practitioner. His

medical education, we affirm, is not complete until he has made himself familiar with all the agents concerned in the production of diseases peculiar to the Mississippi Valley. We do not intend by these remarks to exaggerate the importance of "Sectional Medicine;" the great leading principles of Medical Science are the same wherever taught. To deny this would be to degrade our Science; still it must be confessed that Medical Science, in many important respects, is taught and practiced in the West as it is *not* taught and practiced by our *tra montane* brethren. There can be no question that local soils, water and climate, engender peculiar maladies, and exert a peculiar modifying influence on the endemic and other diseases of the Mississippi basin. Even our Eastern or European brethren would prefer a history of yellow fever written by one familiar, from personal observation, with the epidemic as it prevails in New Orleans, than if composed by one of their own number, however learned and ingenious it might be in its speculations.

That our Journal therefore, started in confidence of usefulness, shall fulfil our own and the expectation of the profession of the West, we shall confidently rely on their aid in enriching its pages with a good share of practical original matter.

A word, in conclusion, as to the character of communications. And first of all study *brevity*. Clearness and conciseness in stating facts are important; indeed, they are absolutely essential to readable communications; and, in reporting cases, *all* the material facts should be stated: they are the basis of conclusion, and therefore important. Many papers, otherwise meritorious, are deficient in these very essential particulars. A.

New College Edifice.—Our new College building is about completed. It occupies a commanding and beautiful eminence in the south west part of the city. When finished it will be a neat and tasty structure, conveniently arranged for purposes of medical instruction.

☞ Subscribers, desiring back numbers of the Journal, will please advise us, and they will be forwarded.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. 1. KEOKUK, IOWA, DECEMBER 1, 1850. NO. 4

ART. I.—*An inquiry into Cardiac and Capillary Circulation.* By THOMAS KERR, M. D., of Elgin, Illinois.

There are many physiological and pathological facts which, to the mind of the medical philosopher, tend to throw a shade of heterodoxy on the long established, and generally admitted view of the Cardiac Circulation. To this has been granted the entire circulatory power within the system. The heart has been considered the "forcing pump," by which the blood is driven throughout the entire economy. But the heart is not the *only* forcing power.

There are clearly two principles involved in the arrangement by which the system is supported by a circulating fluid.

1st. Motion is required to bring this fluid food into contact with the various parts of the body, and

2d. There exists a power in the minute capillaries by which the processes of nutrition and secretion are carried on.

It seems necessary that the latter must be independent of the former; else, how could the play of chemical affinities, which, governed by a vital power, is the means of animal growth, be allowed its influence? Let us examine this.

Beginning at the heart, we find an admirable muscular contrivance, by which the oxygenated blood from the pulmonary vessels, arriving within its walls, is forcibly propelled along the course of the arterial trunks, which are directly continuous with its cavities. The arrangement and distribution of these vessels, are governed by the nature of the different tissues, to each of which they convey the fluid pabulum.

It becomes at once a question, whether the vital influence of nutrition can come into play while the blood courses along the arteries; for not only is the motion inconsistent with such an idea, but as the

arteries are encased in sheaths, the tissues are removed as it were from immediate contact with the blood. In the capillaries, we meet with a different influence, *the vital power.* If we still found the propulsive effect of the central organ existing in this system, it would be difficult to account for the complex and multitudinous actions of the various organs and tissues of the body. But this is not so; the wave from the heart is lost in the capillary system. Here, the blood becomes the *property of the organism;* it is here, that the *original type* of organization comes into play, the cell nutrition, the cell excretion, the life of an organized atom, and its death.

If, then, the motion from the heart is here lost, by what power does the blood still progress? We must have the two actions of motion and nutrition still. Capillary affinity provides them both. "Capillary force, or capillary attraction, is a species of affinity inferior to the chemical in force, but having the same electrical cause. The wetting of solids by some liquids, cases of solution, the diffusion of gases, and the admixture of fluids, where none of the disturbances characterizing chemical action arise, are instances of capillary affinity."

If a glass tube of minute bore, be plunged in water, the fluid will rise in the tube above the level of the rest of the water. This action is inversely to the bore of the tube; a tube 1-50th of an inch in bore, will raise water one inch; if 1-100th, two inches, and so forth.

It is found, however, that different liquids rise to different heights in the same tube. A tube in which sulphuric acid rose 1 inch, alcohol would rise 1 1-2 inches, turpentine 2 1-2 inches, water 3 1-4 inches, aqua ammonia, 3 1-2 inches, and a solution of carbonate of ammonia 4 1-2 inches. These are illustrations of capillary action; they arise in consequence of an affinity existing between the fluids and the glass. But this action does not confine itself to tubes, but exists, and probably exerts its greatest influence, through the invisible media which separates the ultimate atoms of substances from each other. If a bladder, filled with alcohol, be immersed in water, the latter fluid soon finds its way into the bladder, and also a portion of the alcohol passes out into the water. Dutrochet termed this double action, *Endosmoses* and *Exosmoses*, two somewhat outlandish words, but at the same time pregnant with meaning. The same results take place with gases; a bladder of oxygen gas, exposed in the air, speedily becomes transfused with atmospheric air. The passage of these outward and inward currents, is afforded by the interstices of the membrane, and resembles, exactly, the ascension of the fluids in the glass tubes. Capillary attraction is also modified by the different affinities between the membrane and the fluid; and still farther, by any attrac-

tion which one fluid may have for another. Thus, India rubber resists water; there is no affinity existing between the two; therefore, there can be no capillary action. But carbonic acid rapidly permeates it; and ether penetrates, and reduces this substance to a soft mass.

Again, place a solution of potash outside a bladder of oil, and the potash, having an affinity for the oil, and also for the tissue, passes inwards, and combines with the oil.

Take now a bladder of water, and surround it with oil, and no such action will take place. Here the oil, having the strongest affinity for the animal membrane, passes into the substance of the bladder, but no farther; for no affinity existing between it and the water, the capillary force ceases.

Again, let a capillary tube be inserted in olive oil, and after a portion of the oil has risen in it, remove the glass, and plunge it in water. The oil had an affinity for the glass, and rose in its bore; but water has a greater attraction for the glass, and none for the oil, so that the water enters the tube, and forces the oil before it, to the top of the bore.

There exists, therefore, a force which, in capillary vessels, is productive of motion.

The following laws seem to govern Capillary Attraction:

1st, The fluids, or bodies on either side of the membrane, or porous system, must have capillary attraction for it.

2d, They must have an attraction for each other.

3d, When the fluids have an attraction for each other, and unequal affinities for the membaane, that which has the greatest passes through most rapidly.

4th, The current inwards and outwards flows as long as there is a difference in composition and density between the fluids; the rate diminishing as the difference lessens.

Chemical affinity, which, in its action, changes the properties of the uniting bodies, and produces new compounds, is the strongest type of capillary attraction, being the same influence acting on the ultimate elements of the combining substances.

In the examination of the cell growth of the organized system, these laws of capillary attraction, apply with evident force. The cell molecule, with its nucleus, affords a passage through its bounding membrane to the liquid cell food, or blastema, which enters the cell faster than its own elaborated contents pass out. These are soon yielded up by the bursting of the cell wall, and the escaping contents commence their independent life, after the type of the original cell.

The absorbent and lymphatic vessels are supplied by this endosmose action; for they have no open mouths, save the membranes composing their walls.

That process which mysteriously assimilates from the blood, living tissue, by which the economy is nourished and sustained, has its field of operation in the minute vessels, between the arterial and venous system. It is here that the principle, which, being neither chemical nor mechanical, but *vital*, resides. It is here that the blood is robbed of its nutrient particles, and becomes the vehicle for the removal of effete and foreign materials.

It is altogether improbable that the busy movements of the systemic capillaries, depend upon the propulsive motion proceeding from the heart. With the entrance of the arterial blood on the scene of cell growth, ends the power of the heart, and commences that of the capillsries, which is governed by capillary attraction. The affinity the blood possesses for the tissues, in their most minute ramifications, induces a movement; while the same attraction existing between the blood and the contents of the ultimate cellules of the entire organism, arising from true chemical affinity, accomplishes the necessary changes of nutrition and excretion.

This affiinity varies in strength from the simple capillary attraction, to the determined and precise chemical combination; the one provides *motion*, the other performs the *nutritive processes*. Like the oil before the water, the impure venous blood is carried onward by the capillary attraction of the advancing arterial.

But, besides the systemic capillaries, the blood passes through the various Lymphatics, the Liver and the Kidneys. The anatomical arrangement of these organs precludes the idea of the agency of the heart in the circulation of blood through their substance. In these, the blood is exposed to fresh influences, and they are peculiar to each organ. In the Portal circulation, we find an entire separation from the systemic. The blood from the mesenteric, splenic and gastric veins, uniting, is transmitted to the liver, in which organ there is that peculiar organization by which the capillary and the chemical affinities of the blood and its inter-cellular structure, induce the separation of bile, which no other organ of the body is destined to perform. The circulation, within this extensive organ, is extremely minute, every ultimate vessel, by its capillary adaptation, is productive of an onward movement of its contents; and, as each fresh portion of the portal blood advances, and becomes deprived of its carbonaceous particles, it is forced still onward, by the continuous flow of fresh fluid which enters the organ.

Capillary affinity is fully adequate to explain the portal circulation, which is, in fact, a separate and distinct one.

Again, the action of the kidneys presents the same view. We find that we can influence these organs to pour out their secretion variously, either as to quantity or quality, without affecting the action of the heart at all. This influence seems to depend entirely on the capillary action of the minute structure of these organs. We can, by certain agents, produce an effect on the action of the kidneys, and those *only;* so also with the liver.

But I think that the *absorbent* system presents as clear proof that capillary action is alone sufficient to accomplish capillary circulation. "The Lymphatics are minute vessels; they arise in a delicate net work, which is distributed upon the cutaneous surface of the body, upon the various surfaces of the organs, and throughout their entire structure, and from this net work the lymphatic vessels proceed nearly in straight lines in a direction towards the root of the neck." They collect the detrita of nutrition, and, as economists, separate what is of value, restore it to the system, and allow the useless to pass away. They stand also, as sentinels, on the outlook, overhauling and examining whatever is presented to them for absorption, and, under a wonderful organization, take on diseased action themselves, rather than permit the entrance of any noxious agent into the general circulation.

This set of vessles—the absorbent system—possesses a circulation peculiar to itself. By the type of their vital organization they *choose* their fluid, and proceed to expend their influence upon it. From their ultimate ramifications to the entrance of the larger trunks into the main duct, there is a constant movement, proceeding from the surface to the centre; the moving power of which cannot depend upon the heart, for its origin is quite distinct, and its termination, as in the "Ductus lymphaticus dexter," is into the returning venous current.

The Lacteals possess, also, a peculiar and separate circulation. Forming, as they do, the absorbents of the alimentary tract, they have no direct connection with the cardiac circulation. The lacteal vessels, each one commencing in the centre of a villus in the mucous membrane, as a cœcal tubulus, which opens into a fine net work, situated in the submucous tissue, at once absorb the milky chyle, as its cellules, entangling on the villa, burst, and yield up their fluid contents to their influence.

Here distinctly commences the lacteal circulation. It is evident that the fluid entering these minute vessels, is possessed of no "vis atergo," either one way or another, but is entirely passive, ren-

dering up, at once, its independence when grasped by the "antennœ" of the lacteals.

The affinity of the chyle for the walls of the lacteal vessels, is sufficient to cause its entrance into their sphere of action. It is also sufficient to induce a forward motion in their contents, which action continuing, the lacteal fluid passes in course through the lacteal or mesenteric glands, where the first impress of vitality is received by the moving fluid. After passing through the whole extent of their minute capillary circulation, in obedience to the laws of the organism and capillary attraction, it arrives at the "recepticulum chyle," in the thoracic duct. To this point, certainly, the motion has been independent of the heart: it has been a separate movement, and one peculiar to the organism. Capillary affinity has brought the material; chemical affinity, under the direction of the vital force, has wrought the necessary changes, by which the white milky inorganized chyle has become a pink colored and fibrinous fluid.

The Thoracic Duct appears to be arranged on capillary principles. "This vessel, at about the middle of its course, frequently divides into two branches of equal size, which reunite after a short course; and sometimes it gives off several branches, which assume a plexiform arrangement at this situation." It also changes its calibre, becoming smaller about the middle of the posterior mediastinum, and again becomes dilated near its termination.

The necessary upward motion demands, of course, increased power for its accomplishment; especially as this vessel is of considerable size. This is supplied by the diminishing calibre of the duct; while the bifurcation in one case, and the plexiform arrangement in the other, show, that, by thus increasing the capillary power, the motion is sustained, and the current proceeds to the point of opening into the left subclavian. These anatomical peculiarities are strong evidence of the existence af capillary influence.

The valvular apparatus of the lymphatics aids also this independent circulation; no regurgitation can occur, for these valves permit only of the normal forward motion.

But the movement of the impure blood in the veins, remains yet for consideration. It has been shown that the capillaries possess power sufficient to carry the circulating blood through their territory; but this power goes farther.

When the oxygen of the atmosphere has arterialized the venous blood in the capillaries of the lungs, the attraction which the carbon of the impure current has for oxygen, speedily carries the first portion into, and through the pulmonary veins, for the walls of which it

has *now* an affinity, into the left ventricle of the heart, whence it is propelled through the arterial system. This action provides room for the advancing venous blood, which constantly presses forward to the lungs. As before shown, the motion of the capillary system, carries onwards the blood, which no longer ministers to the general good, and this return-current, entering the veins, reaches the heart; partly by this "vis atergo," and partly by the capillary affinity existing between it and the tissues of the veins; and also the strong attraction the oxygen in the lungs presents. This is easily demonstrated. If cotton wick be introduced into oil, the oil will rise the whole length of the wick, but will not flow over it. So with the venous blood, carried forward by the advancing current in the capillaries, it reaches the right heart. If the wick be lighted, the oil will continue to flow to supply the flame, till the vessel becomes exhausted. In the same way, the lungs, being the field on which the blood is fitted for the circulation, the contents of the right heart, passing by propulsion and affinity into the pulmonary capillaries, a fresh portion passes into that cavity, again to give way for the advancing venous current; thus keeping up a constant supply for the as constant demand. By this means, aided by the valves of the veins, does the blood find its way back to the heart, which, from its normal endowment, contracts on its contents, propelling one current to the source of life—oxygen—the other, containing life, to the field on which is brought into action, the individual organization, and the wonderful impress, vitality.

Again, we find, after death, the arteries empty, while the veins are filled with dark blood. Indeed, not unfrequently the ghastly corpse exhibits strange evidences of life still lingering within its stiffened frame. Hair and nails have sometimes grown to a considerable length on the dead. The capillary affinity of the capillary system, draws the blood from the arteries into the capillaries, thence into the veins; thus filling them without auy influence from the heart.

The capillaries of the human system, which form its interstices, whether tubular or intercellular, are from 1-1,500 to 1-10,000, or less, of an inch in diameter. That the action peculiar to them is the cause of the motion of the blood through their axes, can be still farther demonstrated by experiment.

Heat, applied locally, increases, or stimulates the local, or capillary circulation; while cold diminishes it; both these results are obtained without any effect whatever on the heart's motion. Again, a slight local injury, as a thorn in the flesh, induces capillary action, which may end in the products of inflammation in the injured part, without any disturbance of the general circulation.

The web of the frog, so useful in observations on the circulation, affords demonstration of separate capillary action.

If the web be exposed, in the field of a microscope, the corpuseles of the capillaries will be seen moving leisurely from artery to vein, and meandering among the tissues, taking a determinate course to the veins. If it be touched with a drop of strong brine or alcohol, the currents rush to the spot, and a centre of inflammation is established. On the contrary, if an aqueous solution of opium be placed upon it, the current becomes more languid, and retires from the part afiected.

Descending from man, and we find the lower animals, in many instances, presenting living examples of capillary circulation. The greater number of the inferior animals, have no heart, but possess extensive and minute capillary arrangements, by which the blood, becoming aerated, and attaining an affinity for the tissues, circulates their organizations, and becomes to them, also, the source of life.

The nervous endowment of a part, as well as the general nervous system, contribute largely toward the governing of capillary and arterial circulation. But still, capillary action, whether increased or dimished, can exist, without like increase or decrease of the heart's motion.

When the system is in a general inflammatory condition, all the vital and organic powers are laboring in increased action. The arterial blood comes faster and richer to the capillaries, and they are stimulated to increased activity, and the entire circulation is increased in rapidity.

Thus, the slight inflammatory action in a part may exist without involving the rest of the system; still, if that abnormal condition should beget sympathy, either through the nervous system, or by the blood in circulation, sufficient to cause the heart increased muscular movements, the whole organism, will of course at once succumb to the pathological condition.

The connection between the Cardiac and Capillary circulation is very close. One cannot exist without the other. They both contribute to that exquisite arrangement by which the means of life are carried to the deepest and most remote portions of the body; and guided by the vital organization, the whole economy, supported by the joint action of all its organs, lives, moves, and has a being.

ART. II.—*Irrigation applied to Wounds and Injuries.* By ORPHEUS EVERTS, M. D., of St. Charles, Ill.

No influence is more prolific in the production of ordinary disease, than that of *temperature.* The whole range of inflammation, not specific or traumatic, is more or less attributable to it, and sudden transitions, extending through a wide thermometric range, are adequate to the production of phlegmasial diseases of every type and degree.

Temperature has also been regarded as a remedial agent of great power, and its application in the treatment of disease, has been a resort from time immemorial. Heat, dry and moist, has been used for the alleviation of suffering, as well with hygienic intentions, and its value in these respects, has given popularity to a system of empiricism, known as "Thompsonianism," practiced by "Steam Doctors" throughout the United States. But the opposite of this practice, the application of cold, although held in fear by our fathers in physic, has recently acquired extended celebrity. The time has passed away when the common people, in ministering to their suffering friends, avoid cold air, cold drinks and cold applications, and nature's ardent supplications are irresistable. Cold air is admitted to the lungs of the panting patient, and the draught of cold water, as now understood, when

> "———— Drained by fevered lips,
> Will send a thrill of pleasure thro' the soul
> More exquisite, than when nectarian juice
> Revives the life of joy in happiest hour."

The application of cold, in connection with water, has recently been erected into a stupendous system of quackery; it is a matter of doubt which of the great empirics is deserving of the most credit, Thompson or Pressneitz.

Any system of error, admitting of extensive application, may become an agent in developing truth; and in this light, the popular fallicies of Thompson, Hahnemann and Pressnitz, have offered objects of interest to the medical philosopher. Experiments, although not based upon rational principles; or accidental causes, frequently develope truth, when mere intellectual deductions fail. Circumstances, accidental in their character, changed the treatment of gunshot wounds in the hands of the immortal Larrey, and the gratitude of the profession, no less than the blessings of the suffering soldier, serve as monuments to his fame.

The application of cold is particularly efficacious in the prevention and cure of inflammation. In the treatment of wounds and injuries, to which these remarks were intended to have reference, its appropri-

ate application should be deemed indispensable. To facilitate an appreciation of its merits, which seem to have been sadly overlooked by the profession of the West, I send you the history of two cases, possessing some interest, in their progress and results to my mind, and which may serve to impress the matter upon the mind of the reader.

Case 1. Solomon Ellis, aet. about 35, of powerful muscular and sanguineous organization, in good health, was thrown from his wagon while under rapid motion. He struck upon the elbow of the left arm, and was very much disabled. My attention was called to the patient about eight hours after the accident. Found the parts about the elbow, which seemed to have received the whole force of the injury, much swollen, contused and extremely painful. The patient at this early hour, had suffered severe rigors, and the heart was now powerfully reacting. Bled immediately and gave half gr. morphine, and soon after made a critical examination of the limb. Found the head of the radius dislocated from the ulna and humerus backward, thought the condyles of the humerus were separated by fracture—swelling too great to determine positively; reduced radius without much difficulty, and dressed with figure of 8 bandage, applying compress upon and behind head of radius and bearings upon the condyles of the humerus. Ordered cold water applied constantly by the process technically termed by Surgeons, *Irrigation*. Here was a serious affair for the joint—anchylosis from the result of inflammation was the prognosis.

On the second day saw patient; found swelling subsiding, less painful, and circulation much modified for the better.

On the 4th day, swelling much reduced; could feel the bones distinctly, and diagnosis of the fracture of the condyles leading into the joint confirmed; continued the irrigation until the 8th day, without other interference, except closing the bandage as the swelling subsided, when patient complained of cold sensation on the further application of the remedy, which was discontinued.

On examination the part was found free from heat, pain, or much swelling, characteristic of inflammation. The bandage was continued a proper time for the fracture to unite, and on removal, the joint was found very partially anchylosed. Rotary motion of forearm not at all impaired. I advised stimulating linament and exercise to overcome the stiffness; but the patient, uneasy for the use of his arm, consulted another physician who informed him that the bones were still displaced! upon this, I advised consultation with some other Surgeon and the arm was soon after submitted to the scrutiny of Prof. Brainard, of the Rush Med. Coll., Chicago, who pronunced the bones *in*

situ; administered chloroform, and, without the knowledge of the patient, completed flexion and extension of the forearm by force. The process of irrigation was ordered to be repeated to arrest inflammation. This process was, however, *principally neglected*, and the result was a worse condition than terminated the first injury.

Case 2. —— Bowers, aet. 13, of good constitution and active physiological condition, caught his forearm between the bumpers of two freight cars on the railroad, under slight motion. Dr. C. was first called, examined the injury, but committed it to my care without dressing, expressing the opinion, not illy founded, that the limb would probably have to be sacrificed.

I found the case, *compound comminuted fracture*, with extensive contusion and laceration, angles of bone protruding through the openings in soft tissues. I dressed the limb by applying splints carved out in such manner as not to touch the wound, but bearing upon the lower extremity of the forearm and carpus, and upper entremity of the ulna and radius, together with short graduated compresses above and below, so as to hold the limb in extension, and, to a great extent, confine the motion of the parts. Cold water was applied incessantly. The patient chilled on the second day, and reaction with severe pain in the wound, soon followed by delirium, and attended, of course, with high vascular excitement. This surpaised me; but I soon detected the parotid glands laboring under their specific inflammation, (mumps) complicating the case with its attendant irritation; applied warm turpentine to the parotids and irrigated the head; at the same time, continuing the process with the arm. In twelve hours, bad symptoms had all subsided. Irrigation continued until the 7th day, when the patient complained of cold in the part, and it was then discontinued. Very slight superficial sloughing ensued; the whole wound presented an appearance of healthy action, unattended with abnormal heat, pain or swelling. I gradually continued my compresses lightly over the recent injury, until the whole arm was encased as in simple fracture; and the result obtained, in proper time, was complete restoration of the parts.

Remarks.—In the first case, the result was not as signal as might be desired, to make a strong impression upon the reader; but to my mind, in the first application, the result was favorable beyond hope. The repetition also, though a failure, bears equal testimony as *negatively* applied, the failure being attributable to want of persevering and judicious application.

In the second instance, none can doubt the propriety and potency of the remedy.

In the first case, under ordinary treatment, permanent and complete anchylosis would probably have been the result. In the second, from the complete crushing of soft parts, as well as bone, extensive sloughing, exfoliation of comminuted portion of bones, or even loss of the extremity, might have been justly anticipated.

Irrigation, or application of cold, as is well known, should be applied *early* in cases of wounds and injuries, whether from accident, or the Surgeon's knife, with the view of *preventing* inflammation and its results, rather than its cure, when fully established.

The best mode in country practice, is to suspend a vessel of water directly over the injury; hang strips of cloth, or wicking, in such a manner as to have one end constantly immersed in the water, and the other hanging over the edge of the vessel, and directed to the point of application. A continuous dropping will soon take place, which may be regulated to suit the indications. Nature indicates the propriety of this application by the soothing pleasurable sensations it communicates when desirable, and orders its discontinuance as promptly, by complaining of its coldness, which very soon becomes painful, when contra indicated.

ART. III—*Surgical Uses of the Nitrate of Silver.* By J. F. Sanford, M. D., Professor of Surgery in the Iowa University.

Gonorrhœ.—There are two methods of applying the Nitrate of Silver in the treatment of Gonorhœ, according as we are consulted early, in the very commencement of the disease, or after the chronic stage has supervened. It has been proposed, in the first case, to attempt what is termed the *ectrotic*, or abortive treatment, by the use of a strong solution, carefully applied to the inflamed mucus membrane by means of a glass syringe, so as to pervade the whole diseased surface. This forms a coagulated film, which protects the villous surface during the passage of the urine, besides removing this constant source of irritation from the inflamed structures, it exerts its peculiar sedative or antiphlogistic effect, subduing the vascular excitement and relieving the congestion of the urethal capillaries. It is likewise claimed that, by a chemical action, it neutralizes the gonorrhæl poison lodged in the mucus lacunæ. This injection, composed of Nitrate of Silver, 20 grs. and aq. distil ½ oz. is to be made once, at the very onset of the disease, and strict rest and antiphlogistic regimen enjoined. If in the course of twenty-four hours, the symptoms do not seem to give way, it may be repeated once, but not oftener, as

the establishment of a high degree of gonorrhœ inflammation contra indicates its use in this way. When this latter condition supervenes and constitutional or general remedies become necesary, injections into the urethra are still beneficial, and the Nitrate of Silver in a weak solution is the best, of the strength of one to two grains to the ounce of water. This solution may be thrown into the urethra twice daily, until the action is changed, and the normal condition restored. In a majority of cases, this is appropriate only as an adjuvant of course; yet, without some efficient local application, a cure by general remedies is often difficult and protracted. The stimulating character of most of the injections recommended in gonorrhœ, renders them inappropriate in the early or imflammatory stages of this disease; whilst the sedative properties we have claimed for the Nitrate of Silver, adapting it to every modification of the inflammatory process, gives it the highest curative value in venereal affections.

Syphilis.—In the treatment of the simple Syphilitic Ulcer, the Nitrate of Silver approaches to the character of a specific. During the local zymosis—a period ranging from four to eight days—a stick of the silver, pointed and inverted accurately within the ulcer, will arrest the local morbid phenomena, and thus anticipate the entrance of the poison into the general frame. The progress of these simple venereal ulcers, may be divided into two stages: first, that of imflammatory action and pustular formation; there is redness, with itching and heat on the glans, and in the centre of the redness, a vesicle appears; after the lapse of three or four days the vesicle breaks, disclosing an acute ulcer beneath. The second period is that of ulceration. The sore is of a circular form, pale surface, and surrounded by a bright inflammatory areola, and furnishing a thin ichorous discharge. It is during this stage, and at any period before the imflammatory symptoms subside, that we may succeed in the abortive treatment. When the third or reparative stage has supervened, absorption has taken place, and constitutional treatment becomes essential. During the first two stages, the Nitrate of Silver will not fail to arrest the local zymotic action, and thus prevent the entrance of the poison into the system; and in the third stage, it is an invaluable application to the tall, pale granulations which sprout up so luxuriantly, and delay the disappearance of the chancre.

Venereal Bubo.—M. Lutens has extolled the ointment of Nitrate of Silver as a resolvent of venereal bubo. A drachm of the silver, previously dissolved in a small quantity of distilled water, is mixed with an ounce of lard. A drachm of this may be well rubbed upon enlarged glands every day. After three or four days the skin becomes

black and shining; the scales of the epidermis are now detached with a spatula, and the frictions continued; no pain follows the application, but often a slight burning sensation is complained of for an hour after the rubbing. Lutens likewise uses this ointment in glandular swellings of the neck and groin, and in all stages of bubo.

Chronic Inflammation of the Bladder.—Dr. McDonnell has published, in the British American Medical Journal, some observations and cases, going to show the efficacy of injections of Nitrate of Silver in this intractable disease. This affection was considered by Sir Benjamin Brodie, the opprobrium of surgery, and he remarked that there was no disease for which an improved method of treatment was more wanted. This chronic cystitis, or *catarrhus vesicæ*, is frequently symptomatic of some other affection, as gleet, disease of the rectum, or renal irritation; but often it is idiopathic and presents the following symptoms: frequent and painful micturition, mucus and often bloody urine, pain in the back and loins, and general irritation of the system. This disagreeable condition, entailing a life of misery and suffering upon the victim, may be permanently and completely cured by injections of the Nitrate of Silver into the bladder. Some precautions are necessary in its use. The bladder must be cleansed of fetid urine and mucus, by an injection of water at the temperature of 98° Fah., and the solution of silver, from two to five grains to the ounce, according to the amount of irritation present, at the same temperature, thrown in immediately after. The quantity of solution should not exceed four ounces, for although the bladder will contain more than a pint in a state of health, its capacity diminishes in disease, and it becomes intolerant of the slightest distension. Severe pain and violent straining immediately result from the injection, and the urine becomes flaky and charged with blood; but these symptoms are of short duration, and their violence may be mitigated by the use of the warm bath. The repetition of these injections, once in two or three days for two or three weeks, is generally sufficient to cure the worst cases.

Chilblains.—In this very troublesome and painful disease, no application is so promptly beneficial as the Nitrate of Silver. Ten to thirty grains to an ounce of water forms a solution of sufficient strength in most cases. This may be pencilled upon the part affected, before going to bed, and repeated in the morning. The unpleasant sensation of heat and intolerable itching is very speedily relieved by this application; and the subsidence of the swelling and dark red hue of the part, indicates the restoration to a healthy state.

Abscess.—Presents a pathological state, analogous, under different circumstances, to the various kinds of ulcer referred to. In those of

a chronic character, it is often difficult to establish a healthy reparative action; the granulations, although healthy for a short time after the evacuation of the cavity, degenerate into tall pale sprouts, and assume a passive irritable or indolent character. Sometimes there is no attempt at granulation, a pyogenic secreting membrane having formed, which prevents the organization of the plastic elements. It must have fallen to the lot of almost every practitioner to treat these languid abscesses, and to fail in their cure. Having seen a recommendation of the Nitrate of Silver as a remedy in Chronic Abscess, and entertaining a strong partiality for it as a curative means in the analogous condition presented by ulcers, I commenced its use, and have continued it during the past three years. With it I have invariably succeeded in the most obstinate case, and frequently after other means have failed. These abscesses occur very frequently in persons of bad habits; and in cachectic constitution and the sinuous passages and fistulous tracks amidst the subcutaneous cellular textures, occurring in a depraved system, often baffle us in the exercise of the best resources of our art. In cases of this kind the Nitrate of Silver possesses extraordinary remedial virtues. It has been a usual practice in the treatment of these diseases, to excite inflammation of a high character by some active irritant, with a view to destroy by its agency the adventitious secreting surfaces, and thus remove the barrier to reparative effort, and at the same time establish sufficient action to maintain it; but the difficulty to be feared from this treatment, is, that the excitement produced is often too great. The powers of the system, reduced by various causes, are not competent to maintain inflammatory action within appropriate bounds, and the comparatively sound, as well as thoroughly diseased, parts perish before it. It is requisite and desirablo here, to change the action, to make an application which will arouse the vascular and nervous endowment into sufficiently vigorous exercise, and at the same time maintain the vital dynamics of those parts upon which the burden of repair must fall. Nitrate of Silver will do this. A solution—4 grains to the ounce—may be thrown into the cavity of a chronic abscess, or along a fistulous passage, with a certain prospect of benefit. Pain follows, with some excitement, but a change in the character of the discharge speedily ensues, and in the less obstinate cases one injection is often enough to meet the indication. If the condition is not improved, this application may be repeated once in three or four days, with such attention to the general health as circumstances may require. When these lesions are situated so as to permit the application of the roller with appropriate compresses, they constitute useful adjuvants.

Ophthalmic Affections.—It is in these affections, that the nitrate of silver displays its most remarkable curative power. There is scarcely one of the external ophthalmiæ in which it is not a beneficial application. In the more acute varieties of *conjunctival inflammation*, local, and sometimes general antiphlogistics should precede the remedy; but in the latter stages, or chronic condition, when hypertrophy of the papillæ supervene, giving an appearance of granulation upon the palpebral membrane, and acting as a source of constant irritation, we have in numerous cases realized the happiest effect from the application of the silver in strong solution, with a camel's hair pencil, or in substance drawn lightly and quickly upon the everted palpebral surface. If the burning pain which succeeds the application should prove persistent, a stream of cold or tepid water, thrown into the eye with a small glass syringe will speedily relieve it. The practitioner need have no fear in the use of this remedy in these cases; it produces an effect upon the chronically inflamed structures, not to be derived from any other agent; and, when conjoined with mild revulsives and counter irritants, such as cupping and blisters to the nape of the neck, will, in a large number of cases, cure this intractable disease. The application, as above directed, should be repeated once in two or three days, for a period varying from two to four weeks, according to the impression produced, and then omitted a week or more, as the excessive or long continued employment of this, or any other foreign substance to the eye, may be prejudicial. There are some local adjuvants, as well as general, which may be employed with benefit. I say *adjuvants*, for I believe in the appropriate treatment of what is called granular conjunctiva, as well as those cases of vascularity, thickening and opacity of the sclerotic and corneal conjunctiva resulting from real granulation, every thing is an adjunct to the nitrate of silver. Exemption from exercise of the organ, so essential in every variety of eye disease, the application of sedative lotions, such as warm water, poppy fomentation, or solution of extract of belladonna, are useful in mitigating photophobia, and other disagreeable complications; but in changing the morbid condition, and arresting the pathological tendencies, the silver is a *sine qua non*.

Strumous Ophthalmia, will yield to this remedy, when others, fairly tried, will fail. This is a disease of the eyes, next to catarrhal ophthalmia, most frequently met with in this country, and its intractable character renders an efficient remedy a great desideratum. The ingenious notion of Dr. Hocken concerning the pathology of this disease, and the application of the nitrate of silver on the *outside* of the eyelids as a curative means, deserves further consider-

ation and trial. He contends that the intolerance of light, the spasmodic closure of the lids, the profuse lachrymation, the contracted state of the pupil, the involuntary efforts to exclude the light in strumous conjunctivitis, are all dependent on a morbid condition of the filaments of the fifth pair of nerves. This view of the pathology, suggested the following treatment, which, in a large number of cases, immediately relieved the distressing symptoms enumerated. The patient's eyelids are to be closed, and put slightly on the stretch by gently raising the skin of the eyebrow. A clean stick of the nitrate of silver, having an inch or two exposed, previously moistened, is passed over the whole surface of the upper, and subsequently of the lower eyelids, smoothly and without pressure. This is intended merely to blacken, not to occasion any severe effect on the integuments, and as soon as the nitrate has had time fully to act on the fifth nerve, it will completely relieve intolerance of light, lachrymation, and what is of the utmost importance, the spasmodic strivings of the orbicular muscle. This relieves the patient from the constant irritation and pressure which maintains and aggravates the affections.

ART. IV.—*Report of a case of Hemorrhoids.* By J. D. M. Crockwell, M. D..

[We have received a communication from J. D. M. Crockwell, M. D., detailing the particulars of an interesting case of Hemorrhoids, from which we make the following extract. We regret that our space will not enable us to publish the article entire. Enough, however, is presented to give the main facts of the case, and the result of the Doctor's treatment. He alludes, in the first place, to a general history of the case.]

"Mrs. D———, my patient, is a lady about 35 years of age; was married in her 13th year; is the mother of ten children, and of a sanguine bilious temperament. Her constitution was naturally good, and, until within the last eighteen months, has enjoyed usually good health. During the period of her last gestation (1849) she "took cold," as she supposed, and for a time thereafter unfortunately fell into the hands of one who was known by the name of "Doctor." Subsequently, however, she called on Dr. Skinner, to whose skill and ability she supposed she was indebted for her life. He conducted her safely through her pregnancy, and the happy delivery of a fine healthy babe.

But unfortunately her troubles did not end here. She had only

been relieved of a protracted diarrhœa to be afflicted with obstinate constipation. Indeed, for the last three months of her gestation, she rarely had an operation of the bowels without taking physic. This condition of the bowels doubtless sustained a causative relation to the hemorrhoidal tumors with which she was afterwards afflicted.

About ten days after her confinement, her case was made known to me by Dr. Skinner, the attending physician, with a request that I should visit her with him. I did so; and found her suffering from pain, and presenting a worn out, cadaveric appearance; pulse about ninety to the minute, small, tremulous and intermittent; appetite poor; troubled with a dry husking cough: and was suffering from a complication of difficulties indicative of chronic visceral obstruction, particularly of the liver and spleen.

On examination, I found six hemorrhoidal tumors, the largest about the size of a common black walnut, and the smallest about the size of a filbert—all very much engorged with blood from the close contraction of the sphincter ani. She was suffering, also, from constipation of the bowels, not having had an operation for the last seventy-two hours,—her abdomen typanitic.

I immediately scarified the tumors freely, and ordered purgative doses of Ol Ricini and Croton oil every hour until the bowels were moved. I also ordered warm fomentations to the bowels.

On the following day found the pulse fuller and stronger, and abdomen relaxed. Ordered her an alterative pill composed of Rhei, Iodide of Potassium and Hyoscyamus; and at the same time applied to the tumors an ointment composed of,

Iodine, 10 grs.,
Calomel, 10 grs.,
Ext. Strammon., 20 grs.,
Simple Cerate, ½ oz.
Rub together.

This ointment I continued two days, applying it every morning, after which I thought it advisable to use a milder preparation for the purpose of healing the tumors. This I prepared after the following formula:

Iodine, 10 grs.,
Sub. Mur. Hyd., 40 grs.,
Ext. Bellad., 20 grs.,
Rxt. Stram., 30 grs.,
Simple Cerate, 2 ozs.
Mix.

Used this preparation noon and night, continuing the alterative pills, with Hive Syrup as an expectorant. Ordered, also, a generous diet.

This treatment was continued ten days, at the end of which time the tumors were nearly gone.

I now ordered mild stomachic bitters, and a continuance of the pills, if necessary to regulate the bowels, and the application of the last named ointment once a day. This treatment was continued until my patient was entirely relieved: her general health was restored, her bowels became regular, and there was no further return of the hemorrhoids.

ART. V.—*On the Treatment of Acute Rheumatism.* By GEO. L. UPSHUR, M. D., Norfolk, Va.

A celebrated physician being once asked what he considered the most successful treatment of acute rheumatism, answered, "six weeks," thereby plainly intimating his opinion of the intractable nature of the disease. While I am ready to admit that there is *some* truth in this opinion, and that rheumatism now and then assumes a form which might well entitle it to a place among the *opprobria medicorum*, I am not at all prepared to entertain the notion that early and judicious treatment has no power, in a majority of cases, to alleviate its pangs, or shorten its duration. On the contrary, I believe that rheumatism is as amenable to proper management as any disease of equal severity.

Within the past five years, I have accurately noted the history and treatment of about thirty cases of acute articular rheumatism, from among which the twelve cases just detailed are indiscriminately taken.* In these, it will be seen, the average duration of the disease was 5½ days; the longest being 14, and the shortest 2 days. Croton oil was used in 11, colchicum in 6, quinine in 6, blood-letting in 2, and iodide of potassium in 2. I desire to say a word or two upon each of these agents.

Of *Croton oil* as a purgative in acute rheumatism, I am prepared to speak in the highest terms. Cathartics have always stood in the front rank of remedies in this disease, but I am disposed to believe that the efficacy of Croton oil does not depend entirely upon its cathartic properties; it possesses a power over the disease beyond these, and apparently not dependent upon them, for other cathartics, which act as powerfully and as promptly, producing similar watery stools, do not bring a like amount of relief to the patient. I do not say that it is a *specific*, for I am not a believer in the doctrine of specifics, in medicine; that doctrine has put more stumbling blocks in the way of medical progress than all the open quackery of the past half century. I merely desire to state, that after a fair trial, in a number of cases accurately observed, where there was scarcely a possibility of falling into error, I believe that the Croton oil is the *best* single remedy in tho treatment of acute rheumatism; and I am thoroughly convinced, that it is as justly entitled to the term *specific*, in this disease, as is qui-

*The cases are omitted.—EDS. JOUR.

nine in miasmatic fever. I speak now, not of chronic rheumatism, nor of that which results from a syphilitic taint, but of the acute inflammatory affection. In all the eleven cases, in which it was given, its beneficial affect was palpably evident, but particularly as in cases 5, 7, 8, 10, 11 and 12.

Dr. Wm. A. Thom, an intelligent physician of Northampton county, to whom I am indebted for the first hint in regard to the value of Croton oil in this disease, informed me about two years ago, that he had used it in several severe cases, and uniformly with success.

Colchicum has uniformly disappointed me. In cases 1, 4, 7, it was fairly tried, and although it invariably acted freely upon the bowels, there was no alleviation of the distressing symptoms. In the chronic disease, I think I have sometimes derived great benefit from it, but in the acute form, *never*. It may be that I have been so unfortunate as always to get hold of an inferior preparation, but some how or other, I have taken the notion, that when a patient is treated with colchicum *only*, he would do just as well to take old Dr. Warren's *six weeks* instead.

Quinine I would place next to Croton oil in the treatment of rheumatism. That it is decidedly sedative in large doses, is undeniable, and therefore it may be exhibited during the febrile stage. Given after the use of the lancet, in highly inflammatory cases, or after powerful purgation with Croton oil, it has been productive of the happiest effects in my hands. I never give to an adult a smaller dose than ten grains, repeated three or four times a day; less than this would be worse than useless. It is particularly serviceable in those cases which perspire most profusely.

It seems to me that *blood-letting* possesses no direct *curative* power in the treatment of rheumatism. In robust persons with high fever, intense pain, and a full, bounding pulse, I think it subserves a useful purpose in rapidly subduing the over-excited circulation, thus placing the system in a better condition to respond to the impression of true curative agents. It is true that blood-letting is one of the most powerful antiphlogistics, and that rheumatism, in its acute form, presents undeniable evidences of its inflammatory character, nevertheless it has long since been voted an inflammation, *sui generis*, and I believe there is a great deal too much of the *neuralgie* about it to justify the heroic use of the lancet, so warmly advocated by Bouillaud. Topical depletion has never been of the least service in my hands, except where the disease was confined to a single joint, with no disposition toward *metastasis*.

When the disease assumes the chronic form, or if there should exist a scrofulous, or syphilitic taint, no remedy will be found equal to the *iodide of potassium*. I usually order five grains four times a day, to be taken in hop tea, the bowels in the meantime being opened every day with the black draught, or other cathartic. I have rarely seen the most obstinate cases refuse to yield to this treatment.

In the second attack of Case 7, almost immediate relief followed copious purgation with the decoction of *may-apple*, (podophyllum,) but it is very unphilosophical, particularly in so uncertain a science as Therapeutics, to deduce a general conclusion from a solitary observa-

tion, so I will not venture to recommend the may-apple until authorized by further trial. I have adverted to it, merely because it forms a part of the history of the case; and with the remark that it is considered by all the old *negro-doctors* in this section of country as a *specific* in rheumatism, I dismiss the subject.—*Med. Ex.*

ART. VI—*Practical Remarks upon Ipecacuanha, with a formula for a more uniform and efficient preparation of the Syrup than that laid down in the Dispensatories.* By EDWARD JENNER COXE, M. D.: New Orleans.

Before noticing the main object of these remarks, it may prove neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used. By Mosely, who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples; and by the late Professor B. S. Barton, it was regarded as almost a specific, particularly in cases of a typhoid character. In chronic diarrhœa, small doses of the powder repeated several times a day, either alone, or preferably in conjunction with opium or dovers powder, will be found of great value, and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with, derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hæmorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium, are used with decided benefit.

In hæmorrhage from the stomach, large doses of ipecacuanha have been strongly recommended, more particularly by Dr. Condie, who has published some valuale practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of ipecacuanha will often succeed in arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one-fourth to half a grain of ipecac with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangement so prevalent in this region at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or hives, there are perhaps none of the pectoral diseases of children in which the syrup of ipecacuanha may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess

no one remedy or combination of remedies comparable or equal to the well known Coxe's hive syrup, provided it be properly prepared.—Dr. Good has remarked that the ipecacuans concur in operating very generally upon the skin, at the same time that they excite the stomach, increasing, in a slight degree, the discharge of mucous from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secernents.

To recur to the syrup of ipecacuanha, I may remark, that being obliged to prepare it frequently, and finding the process recommended in the United States Dispensatory attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed side, and which has been found to keep well in this climate:

R.—Ipecacuan. Rad. Contus.	iv ozs.
Aqua	ii pts.
Ip. Vin. Rect.	x ozs.
Sacch. Alb.	iii lbs.

Macerate the bruised ipecac in one point of boiling water for twelve hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat, evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel, to render the syrup clear and transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.

ART. VII.—*Power of Lupulin in allaying Irritation of the Genital Organs.* By George Zeigler, M. D., of Philadelphia.

Being obliged to resort to a prolonged use of tonics, I took the combination of iron, sulphate of quinia, and lupulin. After some time had elapsed, I believed that the indication for which I took lupulin was fulfilled. I therefore omitted it, still continuing the use of iron and the quinia, ½ grain of the latter three times a day. In a few days I began to experience symptoms of irritation of the bladder and urethra, with pain at the extremity of the penis, and frequent desire for micturition, somewhat similar to those resulting from calculus. These symptoms increased, and in two or three weeks became so violent and constant as to give me no peace. The thought then occurred that they might result from something that I was taking, and my mind

reverted to the possibility of their proceeding from the quinia. This idea was confirmed by the opinion of a medical friend. As the symptoms did not appear during the use of the combination of lupulin with the other remedies, we concluded that it would be better to recombine them. This was done, and with the happiest effect. The feelings of distress began immediately to subside, and in a few weeks entirely disappeared; and although I have continued the use of the above mentioned remedies for months since, I have had no further symptoms of the kind.—*Am. Jour. Med. Sci.*

The Lupulina has recently been highly recommended as an anti-aphrodisiac; we have realized, with several patients, its beneficial effects in this respect, as in various diseases of the urino-genital system arising from specific causes, attended with exalted sensibility of the implicated structures. In a case of urethritis in the female, attended with great irritability of the vagina and bladder, we were unable to mitigate the painful symptoms, until several portions of the lupulin were administered, at intervals of two hours. This seemed to produce a direct sedative influence upon the affected parts, and by continuance, held in abeyance the disagreable accompaniments, until the primary disease was subdued by the ordinary means. S.

Art. viii.—*External Employment of Liquor Chlorini.*—Drs. Cramer and Schneider have published communications recommending the more extensive use of chlorine as an external application. The good he had seen result from the application of liquor chlorini to malignant pustules and similar affections, induced Dr. Cramer to try its effects in bad furunculous swellings, the progress of which was thus surprisingly expedited, and the extension of the ulceration much limited, as compared to what occurs under the use of poultices. So, too, he has derived great advantage in employing it in large abscesses and in buboes, the matter sometimes becoming reabsorbed; and, where this is not so, the progress of the case is still very favorably influenced. Great relief followed its application to the neck, in a case of scarlatina, in a child, wherein suffocation seemed impending. He keeps compresses well soaked in the fluid constantly to the part. Dr. Schneider still more strongly recommends its use as a gargle, in variolous diseases, and in angina. He uses it diluted with water, and finds it exert a remarkable abortive power over variola, when affecting the tongue and throat, and angina in general.—*Brit. For. Med. Chir Rev*,, July, 1850, from Casper's Wochenschrift, No. 8.

ART. IX—*On Encysted Placenta.* By Dr. W. Tyler Smith.

[The contraction of the os uteri which causes this kind of retention of the placenta, is of an *active* character; *sphincteric contraction*, Dr. Smith calls it. He remarks:]

In treatment, it is of considerable importance to deal promptly with these cases. The longer the os uteri remains contracted, the more difficult will its dilatation, so as to admit of the extraction of the placenta, become. If the placenta can be felt close to the os uteri, gentle but firm traction of the cord, held as near as possible to its root in the placenta, should be used, so as to convert the placental mass into a dilator. If this plan should not be successful, the os uteri must be slowly dilated by the fingers, so as to admit the hand or fingers, according as the placenta may be required to be detached from the uterus, or merely withdrawn from the cavity. The utmost gentleness consistent with the necessary force should be employed; and if necessary, any threatening of convulsion or laceration should be prepared for by bloodletting. If the patient's mind should be excitable, or the dilation of the os uteri should be painful, an opiate is of great use; but it acts rather by soothing mental emotion and allaying pain, than by reducing the spasm of the os uteri. We can often beneficially assist the efforts of traction of the umbilical cord in dilating the os uteri, by gentle pressure exerted externally upon the abdominal surface at each recurrence of the uterine contractions; sweeping the placenta as it were into the pelvis and towards the os uteri, by the hand, while steady traction of the cord is being kept up.

The foregoing remarks apply to cases in which the placenta is either wholly adherent to the uterus, or the uterus at large is so firmly contracted upon the separated placenta as to prevent internal uterine hemorrhage. Cases, however, occur, in which spasmodic closure of the os uteri is attended with separation of the retained placenta, and inertia of the body and fundus. In such case, dangerous internal hemorrhage is inevitable, and the removal of the contraction of the os uteri becomes quite of secondary importance to the arrest of the hemorrhage.

Our first object here must be to excite such an amount of uterine contraction as to stay the loss of blood. In all cases where the first steps taken for the dilatation of the os uteri, which of themselves tend to produce uterine contraction, are ineffectual, the uterine inertia should be treated most energetically *per se*, without any reference to the state of the os uteri.—[Braithwaite's Retrospect.

ART. X—*On the Treatment of After-pains.* By Dr. W. Tyler Smith.

It consists in the removal of coagula from the vagina and os uteri, the avoidance of all the extra-uterine causes of uterine contraction, and the application and administration of opiates. Gentle friction with the linimentum opii over the abdomen is often very useful; but I have found still greater benefit from the application of this liniment to the mammæ. By a reflex action, it allays the excessive sensibility

of the uterus, when thus applied. Probably, when applied to the abdominal surface, its sedative influence is also of a reflex kind. The sensorial connection between the nerves of the abdominal surface, and the abdominal and pelvic organs is very striking in some diseases. For instance, in peritonitis, there is actual and intense tenderness of the skin of the abdomen in addition to the tenderness of the subjacent peritonæum. This is a slight digression; but I mention it to show the reflex sensory connection between the surface and the internal organs, which in the case of after-pains, may be made of considerable therapeutic service.

In excessive after-pains, without hemorrhage, without the presence of coagula, and in the absence of other signs and consequences of inertia, the infant should never be applied to the breast for some hours after delvivery; not, in fact, until the uterus has become calmed from its state of morbid excitability. Early and constant stimulation of the breasts by the child is a common cause of irritable uterus for many days after delivery. This agent, so salutary in all cases of impending innertia, is often made, unnecessarily, a cause of miserable suffering, at a time when the patient is little able to endure it, and without any counterbalancing good, if the uterus has contracted healthily. I repeat, we want no more than safe contraction; every after-pain beyond this point is both unnecessary and mischievous.—[*Lancet, Nov.* 25, 1848.

Miscellany.

EVANSVILLE MEDICAL COLLEGE.

We are not much given to fault-finding; we are a lover of peace and concord; and in these days of innovation and change, would willingly extend the "largest liberty" to Medical Institutions to regulate their own internal affairs in any way not incompatible with the honor and dignity of the profession; but we are pained to see the means made use of by this young Institution to attract students to its halls, and we are surprised that the Sons of Temperance should lend their influence to such miserable bargaining.

We learn by the "Bulletin" of that place, that the Medical College has "generously proposed to admit Sons of Temperance at half their usual fees for tuition;" and the Sons make their politest bow in return, and say that they have "no hesitancy in recommeding the school as every way worthy of public confidence,"—two noble fraternities thus illustrating the boyish maxim: "We'll tickle you, if you'll tickle us."

We love a magnanimous and noble rivalry in teaching Medical Science: we believe such intellectual emulation and struggle, if fairly

and honorably conducted, are promotive of the best interests of medical literature; but when such extraneous influences are brought to bear upon students—such bribes offered—such distinctions instituted in the hypocritical spirit of a "generous offer" to the Sons of a deservedly popular Association, for the purpose either of attracting students, or of wheedling them into the ranks of a human organization for the sake of *gain*, we cannot but feel that our noble science is degraded by the act. Rather than lecture to a class obtained by such means, however large it might be, we would lay aside our professorial robes, and, if need be, take up the language of Francis the 1st,—"All is lost *but our honor*." A.

USE AND ABUSE OF THE SPECULUM.

A warm discussion appears to be going on at present in Great Britain, respecting the merits of Dr. Bennet's work on the Uterus. The more frequent use of the Speculum than formerly, to which it has given rise, both with British and American practitioners, has been the subject of severe animadversion by Prof. Tyler Smith, Drs. Lee and Ashwell, and Sir Marshal Hall; and their criticism has called forth a scathing rejoinder by Dr. Bennet.

We have looked the ground of objection over carefully, and are free to confess that our sympathies, in the controversy, are with Dr. Bennet. We entertain great respect for his book: we concieve it to be eminently practical; it has done much service in attracting the attention of the profession to the pathology and treatment of vaginal and uterine affections; it has already been the means of relief to many suffering invalids, who would have been, under former treatment, doomed to an indefinite continuance of distressing ailments; and we are confident in the opinion that it is destined to command confidence and respect wherever its pages are studied and its precepts practiced.

The attacks of Drs. Lee and Ashwell—both, by the way, authors of books on the Diseases of Females, do not appear to be conceived in good temper. We are strongly inclined to the opinion that the excessive regard for delicacy which they affect, springs more from personal feeling and a spirit of jealousy, than from their devotion to truth. There appears to be a want of philosophical candor in all their criticisms. It is surely no fault of Dr. Bennet if imprudent, unprincipled or ignorant practitioners occasionally resort to the use of the Speculum when no advantage could be possibly anticipated from ocular demonstration. But it is surely, at the same time, no less a mark

of wisdom on the part of the fair invalid to submit to such curative means as the necessity of her case might seem to demand, than *duty* on the part of her physician to make use of those means. A.

CHRONIC DIARRHŒA.

There is no physician of extensive practice who has not frequently experienced the inefficacy of all ordinary means made use of for the relief or arrest of this difficulty. Any remedy, therefore, which promises to effect this desirable object, has claims upon the attention of the profession.

We have recently seen the "lapis divinus" strongly recommended in the treatment of *Chronic Diarrhœa.* As a remedial agent, it was first introduced into notice by Mr. Curtis, an English physician of note, as a valuable remedy for Otorrhea. Much success appears to have attended its use in this annoying malady.

The records of the "Merrimac County Pathological Association," published in the *New Hampshire Journal of Medicine*, show that its use has also been attended with much success in the treatment of chronic diarrhea. It is composed of sulphate of copper, nitrate of potash and alum, of each sixteen parts—powder them separately, and mix them well together; fuse them in a glass vessel in a sand bath, and add one part of powdered camphor: break the mass in pieces when cold.

Two drachms dissolved in an ounce of distilled water,—one drachm of which is added to six ounces of rose wate, constitute the proper strength for an injection in otorrhea. The strength to be gradually increased as the patient can bear.

For diarrhea, Dr. Moore recommends fifteen drops of the first solution three times a day.

We venture no opinion as to the merits af the compound. It comes highly recommended by reputable members of the profession for the relief of a difficulty which is frequently of a very intractable character, and we hope, therefore, that a fair trial may be given of its powers. A.

Cod Liver Oil.—Dr. Benson, at a recent meeting of the Surgical Society of Ireland, presented some valuable thoughts, if true, in relation to the indiscriminate use of cod liver oil in lung diseases. He thinks that it not unfrequently increases congestion of the lungs, and

thereby acts as an exciting cause of pneumonia. He assents to its frequently marked efficacy in checking emaciation, in restoring the wasted flesh, and in inviting the bloom of health to the faded cheek; but affirms that, in case of tuburcular subjects, a greater amount of congestion and consolidation of lung is found in the neigbborhood of the tuburcular deposit in those who, at the time of their decease, were under the use of the oil. This he attributes to its general effect on the nutritive system. The general increased activity of the nutritive and assimilative functions, adds to the local inflammation occasioned by the tuburcular deposit, and thus hastens its destructive tendency on the pulmonary texture.

The observations of Dr. Gerhard, however, in his recent report, are by no means confirmatory of the statement made by Dr. Benson. He has administered the remedy in a large number of instances—has carefully watched its effects, and has not found that condition of the lungs following its use, of which Dr. Benson, in his report. makes mention. A.

SHIP FEVER: ITS HISTORY, NATURE AND TREATMENT.

Henry Grafton Clark, M. D., has gained the Fiske Fund Prize for 1849, for the best essay on the above subject. The document has been printed by order of the Rhode Island Medical Society.

Dr. Clark is Port Physician of the City of Boston, and his position as such has enabled him to study the disease with much accuracy. He states that he has had personal familiarity with near two thousand cases.

He regards Ship Fever as *Typhus*, being an "entirely distinct disease" from the Typhoid fevers of France and New England. He adopted, as the basis of discrimination, the diagnostic points of Dr. Bartlett, Chomel, and other French pathologists, and comes to the conclusion, as the result of his observation, that there is no difficulty in practically making the distinction between *Typhus* and *Typhoid.*

The opinion expressed, however, that Typhus "is very clearly different from any fever which has hitherto been known in this country," is probably too positively expressed; and the conclusion to which he arrives, that "Peyer's glands are usually unaffected in any form of ship fever," loses much of its force by being based on the post mortem appearances of the intestines in but three cases. His conclusion, however, may have been predicated on a greater number of dissections. If so, he has not made them a part of his record.

In a large majority of instances death was owing to secondary affections. One of two complications was generally present in the fatal cases.

1. General dropsy.
2. Diarrhœa, or dysentery.

These were frequently accompanied by swelling, sloughing, or suppuration of the parotid glands, and occasionally by œdema of the glottis. The diarrhœa did not appear to be the result of ulceration, but of inflammation of the ileum and colon.

Many facts were observed which appeared to establish the infectious or contagious character of the disease.

The remarks on Treatment are judicious, but contain nothing new or worthy of note.

We have thus given some of the points of observation and the conclusions of Dr. C. The paper is an interesting one throughout; but as a document, throwing further light on the science of Pyretology, we cannot but regret that the conclusions are not accompanied by more extended reference to the data upon which they are based.

A.

ADDRESS OF DR. WARREN.

This address, delivered before the American Medical Association, at Cincinnati, in May last, has been received in the form of an elegantly bound pamphlet. It is replete with interesting and useful information, arranged in the venerable author's peculiar style, and must have exercised an ennobling influence upon the learned body over which he had been called to preside.

Doctor John C. Warren is approaching the close of a long life, the greater part of which has been ardently devoted to the advancement of Surgical Science; his achievements in that department, have given his country renown, and his name a conspicuous place in her imperishable annals. May he live many years to enjoy the respect of his countrymen, and the fruits of his well earned fame. S.

Dr. Valentine Mott, our most distinguished American Surgeon, has been elected Emeritus Professor of Surgery in the College of Physicians and Surgeons of the University of the State of New York.

JOURNALS RECEIVED.

We have received, since the issue of our first Number, the following Medical Journals:

New York Journal of Medicine.
Ohio Medical and Surgical Journal.
St Louis Medical and Surgical Journal.
Western Lancet and Hospital Reporter.
Boston Medical and Surgical Journal.
Buffalo Medical Journal.
New Hampshire Journal of Medicine.
Western Journal of Medicine and Surgery.
American Journal of Insanity.
New York Register of Medicine and Pharmacy.
North Western Medical and Surgical Journal,

It gives us great pleasure to notice the cordial approbation with which our enterprise, of establishing a Medical Journal in Iowa, is regarded by our several cotemporaries. They have all greeted our appearance in the warmest language of friendship, and we take this occasion to assure them, that their sentiments are sincerely reciprocated. The American Medical press has attained a character for dignity and erudition, that renders a fellowship, thus spontaneously tendered, no ordinary honor, and it shall be our pleasure to show our appreciation of it, by increased effort in the cause of true Medical Science and Ethics. S.

CLINICAL REPORTS.

Some of the Medical Journals of New York, Boston and Philadelphia, have been occupied for some time past with lengthy reports of Medical and Surgical Cliniques, to the exclusion of almost every thing else of interest. A writer in the last Medical Gazette, demurs most emphatically to this puffing of particular individuals in the medical profession, and truly remarks, that many cases, the report of which occupies a page or more, are neither calculated to elicit new pathological views, or novel methods of treatment.

We hope this hint will cause our friends of the Eastern press to exercise the same discrimination in reference to their Clinical reports, which is deemed necessary with other matter presented for publication. S.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE IOWA UNIVERSITY.

The third session of this Institution opened in the City of Keokuk, first Monday of November, under the most flattering auspices. The class in attendance now, exceeds, in number, the expectation of the Faculty, and accessions are weekly being made. The new College edifice is admirably adapted to the purposes of medical instruction, and when the several thousand specimens in possession of the Institution, are appropriately arranged in the rooms prepared for their reception, its friends will covet an investigation and comparison of its facilities for medical teaching with any Institution in the West.

After the most liberal contributions from all classes of citizens, the City Council have generously appropriated, within the last fortnight, two hundred dollars, to enable the Faculty, without embarrassment, to make desirable additions to their various appliances.

THE NEW HAMPSHIRE JOURNAL OF MEDICINE.

A neat publication of twenty-eight pages, published monthly, and edited by Edward H. Parker, M. D., has been received.

It is edited with ability, and we hope its success may be commensurate with its deserts.

THE NEW YORK REGISTER OF MEDICINE AND PHARMACY.

A new journal, under this name, edited by C. D. Gliswold, M. D., has recently appeared in New York City. Each number contains sixteen pages, and is to appear twice each month. We welcome it to our exchange list. Its articles are all eminently *practical*, and is, therefore. deserving of success among practicing physicians and pharmaceutists.

M. Stromeyer.—This highly distinguished Prussian Orthopedist and Surgeon, was wounded in the late battle of Idstedt, taken prisoner by the Danes, and conveyed to Copenhagen. The Danish Government manifested their appreciation of his distinguished abilities, by immediately setting him at liberty.

NEW YORK MEDICAL COLLEGE.

This new Institution, recently established in New York City, promises to rival the two schools heretofore in suscessful progress there. Fifty students have enrolled their names as matriculants, and the Faculty seem to be animated by a determination to make it, in every respect, equal to any of the schools in our country. In ten years, the seat of medical learning in America, since the establishment of the Republic, claimed by Philadelphia, will be transferred to the great metropolis.

PRIZE ESSAY.

The American Medical Association have offered one hundred dollars for the best Essay upon some subject connected with Physiology or Medical Chemistry, and appointed a committee to carry out their object. Dr. Alfred Stille is the chairman, and to him are to be sent, free of charge, with an appropriate motto and the author's name, the competing memoirs.

Death of Dr. Hartshorne.—Dr. Joseph Hartshorne, one of the oldest practicing physicians in Philadelphia, died at Brandywine Springs, 20th of August last.

Female College of Philadelphia.—This fascinating humbug of the day, seems to be realizing an ephemeral success. It is said that seventy women have matriculated.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

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ART. I.—*Medical Theories, or the Fallacies of Homœopathy.* By SAM'L. G. ARMOR, M. D., Professor of Physiology, Pathology and Clinical Medicine, in the College of Physicians and Surgeons of Iowa University.

One of the most striking peculiarities of *true*, as contradistinguished from *false* Medical Science, is the broad eclecticism which it admits. Exlusive theories, or theories based upon one idea, are entirely incompatible with sound Medical Education. The sound medical scholar must regard all such systems or theories as pathological absurdities.

In the first place life is a condition associated with many actions; it is one term including many changes. These differ widely in character; each function of the body has its special office; the phenomena of each is special in character and purpose, and all are concerned as functions of relation. Some of these forces are known as *chemical*, such as the process of digestion, transformation of albumen, oxydation of carbon and hydrogen in the blood, and the production of heat; others are *physical*, such as the imbibition of fluids, diffusion of gases, &c.; others are *dynamic*, such as the excito-motor and other forces of the nervous system. *True* medical science consists in a knowledge of *all* these forces, with their relations, together with the influences, healthy or morbid, which modify their actions. Life-action does not consist either in chemical, physical or dynamic forces, but in the normal action of all.

Speculative philosophers and superficial observers advance theories and base a practice upon one idea; sound medical scholars can not but regard all such theories and practice as fallacious.

The history of the Medical profession is, indeed, the history of

medical *theories;* and it is interesting to observe that all speculations, based upon one idea, have been rejected as false: they lacked the vitality of TRUTH, and could not, therefore, live.

A glance at the order of their development may serve to show us the ground which we now occupy.

Early in the history of Medical Science, the state of the *Blood* was held to be the cause of all disease. For a long time the Humeral pathology held undisputed sway. The medical philosopher recognized no element of disease but those affecting the fluids of the body; and all remedies were directed towards purging the peccant humors from the blood.

In the progress of time another doctrine obtained great eminence, viz: that all diseases originate in the *Solids*, and all remedies were supposed to operate sympathetically. And strange to say, each of these systems of pathology still has exclusive advocates.

In more modern times it has been fashionable to advocate the doctrine, that *Inflammation* of a given portion of the body is the parent source of all disease; and almost every organ and tissue of the body has been selected as the seat of inflammation. The stomach, the heart, the liver and lungs have each had their day. And each in turn have been condemned, as though they were

"———————————— intended
For nothing else but to be mended."

Then came "tissues," and with them the doctrines of contiguous and remote sympathy. For a time the mucous membrane rose to great eminence. Broussais, the distinguished French physiologist, contributed much towards bringing this tissue into notice as a great offender; and so great was the power of his genius, and his influence over the medical world in his day, that for a time, at least in the *Parisian* hospitals, leeches and gum water was the standing prescription, whether the difficulty was back ache or cramp in the leg. Then came systems of practice. And we now have in vogue the wet sheet of Priestneitz, the steam of Thompson, and the infinitesmal doses of Hahnemann. The doctrines of the latter have been urged with much plausibility of argument, and are therefore worthy of examination. There is, indeed, in all the writings of the distinguished founder of the system, that ingenious mingling of truth with error, which is well calculated to favorably impress the mind of the superficial reader.

His doctrine of life-force, or the *recuperative power of nature*, altho' by no means new or novel, is urged with much force. None knew it, none understood it, however, better than the father of Medicine. "*Natura deficiente,*" he says, "*quequam obtinet medica ars, perit æger.*"

If nature come not to the aid of the medical art, the sick man dies. And Celsus uttered language to the same effect. "*Natura repugnante, nihil proficit medicina.*" If nature do not co-operate the medicine is useless. Thus we see that the principle which Hahnemann claims as original with himself, is as old as the records of medical science. His curative deductions, however, based on his doctrines, we conceive to be, in many cases, eminently fallacious. Still we are frank to say, not more so in theory, and less dangerous in practice, than the doctrine which denies the existence of the reparative force.

We have said that true medical science is *eclectic;* we may add, here, that it is the *only* truly eclectic system; none so broad, so liberal, so wide in its range of investigation, and therefore so well calculated to elicit truth.

It may be set down as one of the "fixed facts" in Medical Science, that every *Exclusive* system must be false. In all, some truth and much error may be found; but he who is well-grounded in the *General Principles* of his profession, occupies vantage ground, for his *principles* will include any remedial agent ever found useful in the treatment of disease.

Homœopathy rests its claim on the doctrines of symptomotology: it prescribes for symptoms, not for pathological conditions. Every thing, then, relating to symptomotology, as one feature of the system, is a legitimate subject of criticism.

In the first place, then, I assume that a symptom may be, or may not be, a true sign of a certain morbid affection. They are often ambiguous; they deal with us in a double sense, and unless one symptom is construed by the reflected light of another symptom, we shall often commit sad and serious mistakes in our pathological inferences. Thus pain in the stomach may be alike characteristic of a simple gastrodynia, or of a dangerous gastritis; yet the treatment of one would be by no means adapted to the other. The question then presents itself, Does nature to any just extent, and with any degree of intelligible language, impart to us a sound knowledge of curative indications? We answer, in a *qualified* sense she does. Symptoms may be, in a general sense, considered the index or voice of disease speaking to us of its true nature and character. But they are generally, if not always, of two kinds, characteristic of different pathological conditions, and therefore important as guides to a sound practice.

Some are *morbid*, and may be said properly to constitute the disease; others are *curative*, the result of reaction in contiguous parts, or in other words of the *vis medicatrix natura.* This division of symptoms is worthy our careful consideration; and if the discrimina-

tion be not accurately made, we may be led into fatal practical deductions. They are the manifestations of different pathological conditions, or of different stages of diseased action, and their study is therefore of importance as guides to a safe and rational practice.

For an extended review of the subject, as applied to the doctrines of Homœopathy, I would refer the reader to a small work on Pathology, recently published by Walker. I am much indebted to this work for many of the suggestions contained in this paper.

In order that we may accurately draw the line of demarcation between the one and the other of these two classes of symptoms, we will in the first place state it as a general proposition, that the conditions producing *irritation and pain* are the *morbid* appearances and symptoms; while the operations of a natural re-action constitute the *curative* symptoms. The relation which these symptoms sustain to each other, is well illustrated in diarrhœa. Thus an injury producing irritation and pain, caused either by fright, cold, or unsuitable matters in the intestinal canal, gives rise to the *morbid* symptom—the *disease;* while the speedily following increased peristaltic motion, excited by the irritation and pain, and the forcible ejections of the contents of the canal, are the *curative* symptoms. The irritation of mucous membranes,—indeed of all vascular tissues, followed by determination of blood, and a subsequently increased secretion or effusion, as the case may be, may be cited as illustrations of these symptoms. Intermittent fever presents, also, these opposed symptoms in brief distinct stages. First, the morbid symptoms are characterized by all the symptoms of the distinct *cold* stage; then follows the hot stage; and lastly the sweating stage. Now it will be at once perceived that these symptoms, the morbid and curative, are, in every disease, directly opposed to each other, as indeed their very nature implies. Yet the system of Hahnemann, overlooking the varied pathological conditions with their manifestations, confounds these symptoms, or rather deems all symptoms morbid; while the doctrine of Homœopathy really rests on the opposite fact. Homœopathy rests on the proposition—"that the morbid symptoms are efforts of re-action ill understood." "To aid these re-actions," says Hahnemann, "is the business of the physician. The Homœopathist does this in making use only of means which produce *analagous re-actions.* The cures which he operates are therefore the only direct ones; all others are indirect. The Homœopathist cures by assisting the *vis medicatrix natura.*"

I briefly present here the great leading thought of the Homeopathic creed. In the therapeutical applications of remedies, they are governed solely by symptoms; yet it will be at once perceived, from the

extracts quoted, that *morbid* symptoms are throughout confounded with *curative* ones; or rather all are called morbid. And they speak of *producing* analagous re-actions, whereas natural re-action already exists. Thus they appear in utter confusion as to any distinction of symptoms. Now as to *Treatment.*

The physician who is not trammelled by the dogmas of schools or false theories, adapts his treatment to the pathological condition of his patient, as made manifest by the symptoms; his first inquiry, there fore, is to determine the character of the symptoms. For morbid symptoms he applies the rule "*Contraria contrariis curantur*,"—while for curative ones the aphorism "*Similia similibus curantur*,—each mode of treatment being imperfect without the other's aid. Now we affirm that the power of instituting this distinction necessarily implies a knowledge of the nature and elements of disease, and that medical practice can never be rational without understanding both the organic derangement and its different manifestations. This knowledge we derive from the laws of Physiology and Pathology, and their misapplication constitutes the *errors* of physicians. It should be our object to oppose or suppress the morbid symptoms, and to support or guide the curative ones. Thus, in the early stage of inflammatory affections, pain and irritation play an important part in the structural lesions which may follow. We seek, therefore, to control this element of disease by the administration of remedies which soothe and lull the perverted condition of nervous energy. By so doing we hold in abeyance this inflammatory process, and thereby avoid its destructive effects. Having successfully met this indication, we then seek to support or guide the curative re-actions. This we do by the administration of mild laxatives and balsamic emulsions in the more advanced stages of inflammation of the mucous membrane of the bowels: no rational practitioner would, for a moment, think of administering opiates in the absence of pain and irritation. The same principle is illustrated in the administration of the more stimulating expectorants in the advanced stages of a bronchitis; and in the application of heat and moisture to favor effusion from congested vessels.

In the treatment of disease two considerations constantly present themselves to the mind of the practitioner; first, the nature of disease, and its course and tendency as affecting particular structures; second, Nature's mode of relief. The question then may present itself in this connection,—Is *Pathological* nature always *benificent?*—we unhesitatingly answer, *no*. The vital and sanative re-actions of Physiological nature should be encouraged; but in proportion as diseased action has usurped the control of the organism, the morbid phe-

nomena of Pathological nature should be controlled. It should be our great object to oppose to the morbid action in the diseased organ, an action diametrically contrary, just as we would administer antidotes to poisons, or alkalies against mineral acids; and it certainly requires no argument to prove that whatever opposes the remote *cause* of disease must oppose also its immediate *effects* in the morbid symptoms. Is it not a reasonable supposition, therefore, that the more medicine is advanced, and the more knowledge we possess of the real nature of disease, the more we shall be enabled directly to oppose,—the more enabled to act on the law "contraria contrariis curantur?"

We have seen that the principle "similia," &c., which Hahnemann assumes as his own discovery, was known and acted on by the profession long before he was born. It has been, indeed, time immemorial, a standard dogma of medical science. Instead, therefore, of being a great discoverer, he was at most a *Reviewer* of an old principle. That principle, valuable in itself, has become the *one idea* of the Homeopathic school. A rational experience has assigned it its true place. The enlightenment of the profession established the fallicy of resting curative indications on the morbid evolutions of nature. They found her practices too often baleful. While she "soothes the grief of a wound" by pouring out serum, and knits it up by her adhesive inflammation, by the very same method she glues the intestines into fatal entanglements, or effectually closes the glottis. She pours out the serum of the blood on her free surfaces, and we bless her for her recuperative powers in saving us from dropsy; while another poor victim dies because she deluged his heart with the same fluid. One glorifies her for saving him from apoplexy by a hemorrhoidal flux; while another dies because she poured the same fluid into his lateral ventricles. These errors of pathological nature lead us to distrust, at the bed side, a system based exclusively on her natural re-actions. It is there we need the clear and steady light of sound general principles to guide us. If we then rely upon ideal speculative theories,—theories based upon hopothesis, and not in harmony with all the known laws of disease, our one-idead system, like the fabled hero of the Æneid, will escape in a cloud from the scene of action, and leave its votary to seek for other aids and better lights to guide him.

ART. II.—*Remarkable Case of Gunshot Wound of the Cranium and its contents. Death in 57 hours. Post-mortem Examination.* By THOMAS KERR, M. D., of Elgin, Illinois.

Mr. Taylor, aet. 57, of sanguine temperament and full habit, and Mr. Smith went in a wagon to hunt, taking with them a double-barrelled gun. On firing, the horse, starting forward, threw the men backwards on the bottom of the wagon. By some unfortunate accident, during their efforts to regain their seats, the loaded barrel was discharged, and Mr. Taylor fell, shot in the head.

Dr. McClure, of this place, fortunately being near, at once bound up the wound, from which there was profuse hemorrhage, and accompanied the wounded man to his home.

Being called to the case, immediately on its arrival, Dr. McClure and myself proceeded to examine and dress the wound. About midway between the Parietal Boss and the ear of the right side, there was a round aperture, apparently communicating directly with the brain, from which there proceeded arterial blood in considerable quantity.

The patient was quite composed; knew his family; called for his wife; had no recollection of the accident; asked its character, and desired our opinion of the result. Answered readily questions put to him; complained of pain in the head, and evidently anxious about his condition. From the hemorrhage we were precluded making an examination, and were obliged to apply compress and roller, and leave the case for the present; directing cold applications to the head. This took place Monday, 6 P. M., the 21st of October.

Same evening, four hours later, patient restless; unless spoken to, silent; wound bleeding freely; pulse 64, full and regular; extensive tumefaction in face and scalp; says his head pains him, especially over the eyes; anxious in regard to his recovery; vomited freely, and asked for water, which he drank with evident relish.

Tuesday 22d, 7 A. M.—During the night, patient called for water frequently, drinking easily and rapidly, remarking that "it was good;" quite restless most of the time; pain over the eyes; hemorrhage ceasing after midnight; vomited frequently, especilly after drinking. Pulse 64, full and regular. Removed dressings, and found the right ear completely black, swollen and furrowed in the superior portion of the pinna, by the passage of the shot. The removal of the compress was followed by a flow of broken up cerabral matter, in large quantity. The external wound corresponds with the orifice in the cranium, which is about one and a half inches in diameter, with serrated edges. From the direction of the furrows in the pinna, and the absence of

injury to the scalp immediately adjoining the wound, we could not but conclude that the entire discharge had passed into, and lodged within the cranium. Applied fresh dressings, and continued cold applications. Raised the patient, and changed his clothes, without causing him any pain, he being quite passive in our hands, though answering at once any question put to him. Upon assisting him from the bed to the night chair, found paralysis of the hand, and partial paralysis of the arm and leg of the left side.

4 *P. M.*—Renewed dressings; three table spoonsfull of cerebral matter exuded from the wound; in which were found several portions of the cranium; pulse 62, regular and full; patient partook of some nourishment; opens his eyes when spoken to, and answers questions quite readily. Complains of eyeballs being quite painful; swelling somewhat abated in the face, though the entire scalp is much tumefied.

10 *P. M.*—Patient quite restless; tossing of the right arm, with spasmodic drawing of the left arm towards the head; left leg also much in motion; pulse 64, still full and regular; removed dressings; about the same amount of cerebral substance passed from the wound, in a semi-fluid form, among which was found *two lead shot perfectly flattened*, and several pieces of bone. Patient duller than before; easily roused, however, but not so free to answer. Still free from acute pain; drinks easily, and respiration quite free and natural.

Wednesday 23d, 7 A. M.—Patient slept most of the night; mouth somewhat dry, being open most of the time; apparent difficulty in deglutition; tongue white, swollen and tremulous; endeavored to protrude it, but could not completely; pulse 62, as before; cerebral matter passed from under the dressings during the night, and also in considerable quantity on removing them; recognizes and calls by name his friends around him, and answers any question, repeating the question himself, first. Urine passed in bed during the night. The mouth at the *right side* is drawn upwards.

4 *P. M.*—Patient perfectly quiet, seemingly comatose, till roused, when he answers questions, though he fails after two or three words; pulse 64, full and regular; on removing dressings, cerebral matter streamed out in as large quantities as before; removed by forceps, blackened, crisped muscular tissue, supposed to be portion of the "attollens aurum" and temporal muscles; left arm, when raised, falls powerless by his side; left leg cold and palsied; deglutition somewhat more difficult; motion of the pupil quite sluggish; still able to recognize his attendants, though requiring constant rousing, and loud talking; mouth still drawn up towards the right cheek bone. Says he

has but little pain, and puts his right hand over his eyes, when asked to point out the seat of pain.

6 *P. M.*—Forty-eight hours after the injury; requested to be raised in bed, as he had difficulty in breathing; great oppression on attempting to drink.

7 *P. M.*—Can not be roused; stertor; quite comatose; complete inability to swallow.

10 *P. M.*—Patient with hurried abdominal respiration; pulse 140, soft and feeble; profuse perspiration; constant motion of the face on the right side, the angle being drawn upwards; comatose; pupils move slightly; cannot be roused; very loud stertor, and every condition indicating approaching dissolution.

Thursday 24*th*, 3 *A. M.*—Patient expired, 57 hours after the accident.

The portions of cerebral matter, which were exuded from the wound, *filled an ordinary tea cup.*

POST MORTEM, FIFTEEN HOURS AFTER DEATH.

Extensive extravasation of blood beneath the scalp, around the wound and occiput. On removing the calvarium, the occipital and right parietal bones were found extensively fractured. The occipital two fractures, enclosing four square inches; the parietal bones much broken np. *The Dura-Mater, beneath these fractures, covered on its cerebral aspect, with masses of lead in lumps, and single flattened shot.* Around, the membrane is covered with extensive flaky deposits of lymph, mixed with dark coagula, and much lacerated from the wound to the lodged charge, about six inches in extent. The charge, entering at the external orifice, had passed upwards and backwards, traversing and breaking up the cerebral substance; when, meeting the skull, the force was still sufficient to cause extensive fracture, and embed the shot in the dense fibres of the dura-mater.

Various shot, round and flattened, were found in the substance of the brain, embraced by the right parietal and occipital bones, which was completely broken up, and intermingled with dark coagula.

The surface of the brain was covered with extravasated blood; though deep sections of the substance displayed a healthy appearance.

The wadding of the charge—a piece of newspaper—could not be found in the examination; the lead obtained was amply sufficient to constitute a large charge.

The portion of dura-mater, with the embedded charge, has been in water udwards of 24 hours, and the lead is still adherent, in flattened, rounded, and various sized masses.

This case is doubtless extraordinary: with extensive destruction and loss of the substance of the brain, and an entire charge of shot embedded within the cranium, this man lived 57 hours, retaining for 48 hours after the injury, hearing, deglutition, motion, and reflecting powers.

[The case above reported, from the pen of our esteemed and valued friend, THOMAS KERR, M. D., is an additional illustration of the pathological frieks often noticed, in connection with injuries of the encephalon. The physiological researches, which have been conducted with so much patience and assiduity, during the last half century, with a view to develope the laws which govern the functions of the brain in a state of health, have not been very satisfactory to the inquiring mind, yet every truth which has been elicited in relation to the great central organ, goes to extend our faith in the proposition, that without an immediate influence derived therefrom, no vital function can for a moment maintain its integrity.

In its anatomical aspect displaying a remarkable homogeneity, and dispensing the life-power to every atom of the frame,—presiding over the functions, and infusing into every organ its own peculiar vitalities, it is, arguing *a priori*, exceedingly difficult to conceive of a derangement of its most delicate fibre, that would not throw into confusion the grand and beautiful harmonies, which, in a normal state, it so constantly maintains. The cerebral physiologist, serenely contemplating this great source of life, and tracing its delicate filaments as they twine together in their course, from theoretical conclusions, would affix to the most trivial lesion, the penalty of death, preceded by a torture, which would render it a welcome relief. But the Surgeon, whose practical pursuits bring him to the bedside of the sufferer from injury of this organ, will tell a different tale. He will testify, that in no class of diseases, or traumatic lesions, is a discrepency between theoretical deductions and practical results, more obvious and remarkable, than in injuries of the brain. The annals of Surgery,—that inexhaustable repository of interesting truths, are full of profitable illustrations of this fact. From the time of the divine Pott, whose brilliant abilities enlightened the paths of practical Surgery, down to the present period, every Surgeon has paused to contemplate the extraordinary pathological possibilities exhibited by the central organ of the nervous system. The cases of Pott, of Sir Charles Bell, of Mr. Guthrie, of Serres, and of Yama, each afford material for interesting reflection; whilst the many remarkable cases on record, in proof of the *destruction and loss of cerebral substance* which the encephalon may suffer, without in any way impairing the intellectual or physical

functions, defies, in its explanation, the most ingenious and profound speculation. See, for example, (in Cormack's Monthly Journal of Medical Science, Sept 1845,) the case reported by Mr. Ford, of the Madras Medical Establishment.

An East India boy, aged 15, received a bullet wound, which entered the brain above the *right ear*, and passed out of the forehead, over the *left eyebrow*, causing a fracture which extended from the occiput posteriorly, to the place of the ball's exit on the left os frontis. There were few or no spiculæ or fragments, the concussion of the ball appearing to have been expended in the extended prolongation of the fracture. There was little or no depression. The hœmorrhage fortunately was *abundant*. Symptoms of stertorous breathing and unconsciousness existed for a short time, followed by severe reaction and inflammation of the brain,—which were subdued by leeching and judicious treatment. On the third day a mass of *protruded brain, half an ounce in weight*, and larger than a walnut, was excised at its place of exit at the wound of the forehead. Suppuration and sero-sanguineous effusions took place extensively in the wounded parts and tissues, which, in different places, required dilating. *Portions* of brain were also *discharged* from the occipital wound. All the effect of these extensive injuries on the organic functions was a slight loss of motor power in the left eye, and left upper and lower extremities, without, however, loss of sensibility in the latter; of all of which he gradullly and completely recovered in less than one month and a half! So that not the slightest lesion remained to the patient, either in the hearing, smell, taste, sight, touch, memory, disposition, intelligence or locomotion!

Ball wounds may perforate the Brain through and through without causing immediate death.

It is an established fact in pathological surgery, that an *ounce ball*, or one even of larger dimensions, may perforate through and through the anterior lobes of the brain transversely, as from temple to temple, and the patient yet retain all his faculties, digestion, sleep, reason, &c., for the space of 20 or even 30 days, until inflammation and suppuration ensue, and thus necessarily cause death. A case of this kind occurred in St. Louis, in a gentleman thus wounded in a fracas. The particulars of another still more remarkable case are related by M. Blaqmere, where a pistol ball, weighing the seventeenth part of a pound, passed through the anterior and lower part of the brain of a child, aged only four years. Each perforation was situated in the temple, about an inch and a half above the outer angle of the eye. *Six days of almost uninterrupted health* transpired, when inflamma-

tion and suppuration supervened and the child died; not, however, until the *twenty-ninth* day.

Ten years ago, a case came under our own observation, of a mullatto, who was shot through the head with a rifle. The ball entered on the left side, half an inch anterior to the parietal protuberance, and passed out on the other side, an inch behind and a little below the frontal eminence. The man retained his reason, ate well, slept soundly, and suffered nothing but a slight parlysis of the right superior extremity during the following twelve days. On the 13th day, symptoms of compression supervened, and he died comotose, on the 21st day from the time he received the injury.

Last, and most wonderful of all that has excited an interest with Surgeons in reference to this subject, is the case of the man upon the Rutland Rail Road, whose brain was traversed by a crowbar, and who recovered from the terrible infliction without any great impairment of the intellectual or physical functions.

The case of Dr. Kerr, is a valuable contribution to this department of Surgery, and presents some of the questions for solution, which have perplexed some of the ablest cultivators of the science during the last half century. Whilst these cases, however, are so difficult to the mind of the speculative pathologist, they are full of interest and profit to the practical surgeon. They inspire him with increased confidence in the resources of his art; and whilst the mere theorist shudders at the hopeless scene, the *practical* surgeon flies to the rescue with increased and abiding confidence in the recuperative energies of the human frame.] S.

ART. III.—*Observations on Poisoned Wounds.* By Nichols Hard, M. D., Professor of General and Descriptive Anatomy in the Medical Department of Iowa University.

Having had some experience in the treatment of wounds inflicted by venomous serpents in the States of Michigan and Illinois, I propose to give a brief account of a few cases of the bite of the Rattle Snake. This serpent abounds in the low and marshy districts of Michigan, and is often found on the prairies of Northern Illinois. It is, however, as found in these localities, an inferior species of the *Crotalus*, with the specific name of *Durissus*—*Crotalus Durissus.* The reptile is called by the inhabitants, the "Massasauger"—a name said to have been borrowed from the Indians. The largest of these reptiles I have ever seen, was not quite three feet in length, and the

generality of them are much shorter, and an inch or less in diameter at the largest part.

The color of the skin is dark, almost black, thickly covered with brown or grey spots. I am satisfied that the venom of this animal is much less intense, less likely to destroy life, than that of the large Mountain Rattlesnake. And I believe that one-half, perhaps a majority of the cases would recover, were no medical treatment instituted. If, however, but a third of the cases of bite naturally tend to a fatal termination, it becomes a matter of great moment, that every case should be brought under an effectual mode of treatment.

This animal seldom makes an offensive attack on man, or the quadruped animal, but generally strikes under the sanction of the natural law of self-defence. Most cases of bite occur on the foot, from treading on the animal; sometimes the hand, or other part of the body, becomes the seat of the wound.

It becomes a question whether the fatality of the poison does not depend, in a considerable degree, upon the particular point where it is inserted; owing to the greater readiness of absorption in certain regions. I am inclined to give considerable weight to this circumstance, in explanation of the marked difference of severity observable in different cases of wounds of this description. It has also been suggested that there may be an identity in the virus of the large and small species of rattle snake; the large (Crotalus horridus) proving nearly uniformly fatal, owing, alone, to the greater amount of the poison inserted into the wound. I am not so well satisfied with the adequacy of this explanation in accounting for the great disparity in the results of the bites of the two species of snakes. In a majority of the cases that have come under my observation, especially if not seen until considerable tumefaction of the part had occurred, no wound, nor mark of the fangs of the snake, could be seen by the naked eye, so small is the penetrating wound ordinarily made. Severe pain immediately succeeds the infliction of the wound, which commonly continues until the part is greatly swollen. It then ceases, or gives place to a dull aching sensation. The swelling in the more trivial cases, may not occupy even the entire limb. I have known it go no higher than the knee. But commonly it involves the whole limb, and often spreads upon the abdomen and trunk, even to the face and neck, accompanied with febrile excitement, thirst and headache. These symptoms may continue from one to four or five days, when a subsidence of the excitement, and also the swelling, usually takes place, gradually passing into a state of health. As the tumefaction leaves the limb, it generally exhibits a dark mottled appearance, owing to extravasations of

blood under the skin, becoming greenish as they fade. This appearance excites much curiosity and dread among some classes of people. "The limb," they say, "looks just like the snake." A man who had been bitten on the second joint of the index finger, producing a stiff joint, and crooked finger, was very much annoyed, because "it exactly resembled (to use his own words) the attitude of the snake when about to strike." Fatal cases of this kind of poisoned wound, generally terminate early, unless, as sometimes happens, death is brought about by a secondary effect of the poison, to wit, hœmorrhage. This result of the virus upon the blood, giving rise to hœmorrhage from the mucous surfaces, and into the meshes of the cellular tissue, has occurred so constantly in my experience, as to entitle it to be ranked among the most obvious lesions produced by this kind of poisoning; and yet I do not recollect to have met with any allusion to it among writers.

As the best means of presenting the peculiarities of the disease, and also the treatment followed by me, I will give a very brief statement of a few cases.

Case I.—B———, a Frenchman, in Brownstown, Michigan, consulted me at my office. Bitten in the heel of right foot five days previous; whole limb swelled; confined to his room three days. When seen by me the limb was mottled, but swelling nearly gone. The circumstance which gave him uneasiness, and occasioned my being consulted, was the appearance of the left arm. He had also bled from the nose to some extent. Prescription unimportant. Patient soon recovered.

Case II.—Wm. H———, a boy, aet. 7, of Liv. Co., Mich., bitten on the right foot. Acute symptoms, both local and constitutional, follollowed. Was treated by his parents, by the application of herbs of *wonderful virtues* to the wounded limb. Was called to see the boy five or six days after the receipt of the wound. Acute symptoms had nearly subsided, but copious epistaxis had taken place the evening previous; abated in the morning, and returned again at the time of my visit (evening,) with increased severity, accompanied with evident febrile excitement. R. Astringents,—cold,—injections of kreosote. The hæmorrhage ceased after some hours, and also the pyrexia; but the fever and the hæmorrhage returned on the two following days, about the same hour, reducing the patient to an almost hopeless state; but by persevering in the use of the above remedies, with the addition of the plug, the bleeding was finally arrested, and recovery took place.

Case III.—Miss L———, aet. 17, of Liv. Co., Michigan, was bit-

ten on the hand. Was called a few hours after the accident. Two small punctures were visible; patient complained of much pain; swelling rapidly extending up the arm; pulse frequent. R. Incision and cauterization of wound. Swollen limb bathed in Aqua Ammon.

R Pulv. Opii, gr. iv.
Ammon. Carb " xvi. M
Div. in Chart No. iv.

Give a powder once in two hours, till the prescription is taken up.

The swelling extended upon the abdomen, increasing for twenty-four hours. It then seemed to remain stationary for a day more, the pain having ceased; after which it gradually subsided, and the patient recovered.

Case iv.—Mrs. N——, aet. 40, of St. Charles, Ill., was bitten on the ankle. Was called about six hours after the accident. Patient in hysterical convulsions; pulse frequent and hard; little swelling of the limb. R, V. S. xii ounces; Opium and Carb. Ammon. internally. Symptoms soon relieved; recovery rapid.

Case v.—J. B——, aet. 12, of Aurora, Ill., bitten on the foot. Was called eight days after the accident. Swelling gone; limb sound. Patient had been bleeding at the nose copiously, at intervals, for three days; hæmorrhage continuing; black stools indicative of sanguineous exhalation into the bowels. Small patches of discoloration under the skin, on various parts of the body, resemblingPurpura Hemorrhagica. Learned that the first effects of the poison were trivial, and attracted but little attention. The patient now appeared about to succumb from excessive loss of blood. R. Stimulants—mineral acids—astringents—kreosote, and the plugging of the nostril. By perseverence in the use of the above agents, the hæmorrhage was controlled, and the patient's life saved.

Remarks.—We might add several more to the above number, of cases which have fallen under our observation, but enough, we think, have been cited. to exhibit the chief peculiarities of this kind of poisoned wounds; among which we cannot but consider the *hæmorrhagic tendency* to be the most remarkable. The above five cases were taken from my note book in the order of their occurrence, and three out of five were attended with hæmorrhage. Nor has the occurrence of this lesion seemed to bear any relation to the intensity of the primary or acute symptoms. Perhaps an analogy may be traced between the effect of this virus on the blood, and that of electricity, and some well known poisons, in destroying or impairing the coagulability of that fluid. At all events, the importance of the therapeutic indication is not to be denied. The prudent use of the means enumerated above,

have sufficed, as the cases show, to control this dangerous symptom.

Cases 3d and 4th exhibit the acute or primary symptoms of the poison. The use of ammonia, as related in case 3d, seems to have become a favorite practice, both among the profession and the people of the West, from a belief in its general antidotal properties in various kinds of poisoning,—a belief in which I am inclined to sympathize. In regard to the strong faith placed by many in vegetable antidotes found growing in habitudes where this reptile abounds, I must confess myself totally incredulous. The general tendency to a favorable result in these accidents, is undoubtedly the capital upon which the reputation of these "cures" is based. A sufficient refutation of their pretensions is, in my mind, the fact, that while nearly every man and woman knows of a "certain cure," each will commonly point you to a *different* plant,—and all derived from those *knowing Indians!*

ART. IV.—*The Therapeutical application, with a Formula for preparing the pure Prot Iodide of Iron.* By A. S. Hudson, M. D., Prof. of Materia Medica and Therapeutics in the Medical Department of the Iowa University.

The importance of the chalybeate tonics, as general therapeutic agents, has long been acknowledged by the profession; and in proportion to the importance of iron as a remedy, we are interested in obtaining its genuine preparations.

In the arts, there is no metal so valuable as iron; in medicine, there are few drugs more useful. Amid all the changes of fashion in medicine, this may be ranked as one of the time-honored articles of the Materia Medica. It constitutes indeed an integral part of our own organism.

To the physiologist, the study of its relations, as the great oxydizing agent of the blood, is full of interest. He looks upon the red disks of the blood as maintaining a kind of commerce, as it were, between the solid and deep seated structures of the body and the atmospheric air, conveying from without to the interior, atoms of oxygen, and from the systemic capillaries to the lungs, effete matter necessary to be depurated from the circulation. Abstract by any means from the blood a large portion of its red disks, and thereby destroy its capacity to carry on this important and life-depending trade, and a diseased condition of the system is the immediate result. The languid countenance, the blanched cheek, the low vitality of solid struc-

tures, and the derangement of general and special functions, all point to the therapeutical indication for the iron tonics, and the range of indication is only bounded by the limits of the consequent disturbances.

Iodine, like mercury and antimony, is a liquifacient, resolvent and alterative, without being followed by the evil consequences sometimes resulting from the use of these remedies. It promotes interstitial absorption, reduces solid structures to fluids, spurs into action the absorbent system, lessens morbid glandular indurations, and thereby, in a great degree, corrects perverted nutrition.

In view, then, of the physiological relation of iron, and the pathological bearing of iodine, we do not wonder that respectable and distinguished members of our profession should claim for these agents, when combined, the rare assemblage of the virtues of both, with the unpleasant and troublesome attributes of neither. When thus combined we have the Iodide, or rather the *Prot Iodide of Iron.*

This, when pure, is one of the most important articles within the whole range of our opulent Materia Medica; and for the purpose of presenting the *tests* of its purity, I extract from an article in the Dublin Medical Press. Of this compound, Dr. Dupasquier, the author of the article to which I refer, remarks:

"The proto-iodide of iron generally used, is a medicine totally different both in its chemical nature and its therapeutic action, from the proto-iodide which I use: the former is not a proto-iodide, although so named in all the formulæ, but a mixture: the composition varies according to the greater or less precautions employed in its preparation and conservation. When dissolved in water, the liquid, instead of being colorless, or scarcely colored green, is brown, more or less deep, according as the iodide has been more or less exposed to the air. The smell and taste indicate the presence of a notable quantity of free iodine. A properly prepared solution should have no smell, nor more taste than the other salts of iron. It should have no apparent action on amidine, and with yellow cyanide of potassium it should afford a white precipitate; but with both these reagents the solution of common proto-iodide of iron affords a blue powder; in the latter case a very deep blue.

"In fine, the common iodide of iron of apothecaries' shops, named in the pharmacopœias and formularies proto-iodide, is a mixture, in very variable proportions, of free iodine, periodide of iron, mixed with some proto-iodide not yet entirely decomposed, and sesquioxide of iron."

I am assured by those who have made extensive and careful trial of the article, that Dr. Dupasquier, by suspending the salt in gumy mucilage, has hit upon an admirable plan for preparing the medicine, which remedies all the defects ascribed to the commercial article. The *appearance* of his preparation is an invariable test of its purity.

The prescribing physician needs only to look upon it to pronounce upon its genuineness.

Two, from among the several preparations given by Dr. Dupasquier, will answer most practical purposes—the *Syrup* and the *Pills*.

"The following is the solution:

Take of	Iodine - - -	15.12 grains.
	Iron filings - -	30.23
	Distilled water - -	120.89

Introduce the whole into a small mattrass, which hold plunged during eight or ten minutes in water heated to about 167° F., so that no portion of the iodine shall be volatilised. Agitate the mixture frequently. At first the liquid becomes brown, but soon becomes perfectly colorless, or at most retains a nearly imperceptible green hue. This preparation ought to be extemporaneous, for it would be a vain attempt to preserve it unaltered one hour, even in ground-stopple-bottles, and although metallic iron were present, owing to the decomposition of the water. From this Dr. Dupasquier prepares the syrupus proto-iodidi ferri.

Take of the foregoing solution 60½ Troy grains.

Syrup of gum arabic, colorless and thick, 6.3 Troy ounces weight.

Syrup of orange-flowers, 1.575 Troy ounce weight.

Mix perfectly by agitation during a few moments. It is indispensable that the syrups be colorless, so that the physician may have ocular proof that the medicine is not altered or injured. This should have more than usual consistence, in order that the addition to the normal solution shall not impart such fluidity as would facilitate the alteration of the ferruginous salt by contact of air.

The following is the formula for the pilulæ proto-iodidi ferri:

Take of	Iodine - - -	121 grains.
	Iron - - - -	242
	Distilled water - -	878

Proceed with these to form a normal solution as before; filter, and pour the solution into an untinned iron vessel; add honey, 302 grains; evaporate rapidly, until a great part of the original water be dissipated, and a syrupy consistence shall be attained; then add at intervals, continually agitating with an iron spatula, powder of gum tragacanth 184 grains. Form a mass and divide into 150 pills."

Each of the above pills contains just one grain of proto-iodide of iron. These may be kept ready made several weeks, and, with extra care, perhaps several months. The action of air and light may deepen the shade of color on the surface. If, by breaking them open, the mass of the pill presents the clear transparent character, its composition remains unchanged. Should they present, however, a dark or brown appearance, the salt is decomposed, and the commodity is worthless. Would they not keep indefinitely if coated with sugar or gelatin?

In this country, where scrofulous temperaments are common,—

where pulmonic diseases prevail, and where numerous cases of chlorotic complications deceive and perplex the physician, the virtues of the iodide of iron cannot be too minutely studied, nor too faithfully tested.

In anæmia, or in the strumous diathesis, perverted nutrition is always present. The plasticity of the blood is broken down, and the arrest of secondary assimilation, with all its pathological results, must inevitably follow. Chyle may be liberally furnished, and wrought into albumen; lymph globules may not be deficient; but, instead of the secondary assimilation finishing their conversion into fibrin, or blood plasma, and the fibrin into flesh, or living tissue, lymph is irregularly deposited in unnatural localities; sometimes in the liver, on the intestines, the mesentery and in the lungs. When deposited in the lungs, tubercle is developed, and a state of anæmia exists.

Three objects, then, are sought in the treatment of this general pathological condition; first, to restore the hematosine to the blood, and thereby, by increasing its vitality, prevent the further irregular deposition of lymph, by converting it into fibrin; second, to promote, at the same time, the various secretions; and, third, to stimulate the absorbents, and take up and remove the unnatural deposites.

How shall we affect these? This is an important inquiry. Iron will correct the former, but too often arrests the latter. While it enriches the blood, it is apt to lock up the secretions, and produce fever, thirst, headache, &c. By itself it can lay no claim to a direct secernent action. Not so, however, with its binary compound—iodide of iron. It combines, with a tonic action, that of a liquifacient, alterative and diuretic, and thus obviates the objection to the iron by itself under peculiar circumstances.

It is important that a remedy, so valuable in its therapeutic application in all forms of cachæmia, should be obtained *pure;* and from the tests given in the extracts already quoted, it will be seen that the common commercial article of the shops, which has been possibly exposed for months or years to the decomposing action of light and oxygen, possesses none of the charcteristics of the genuine prot-iodide of iron.

ART. V.—*Spasmodic Affection of the Glottis, simulating ordinary Laryngismus Stridulus, occasioned by an eccentric cause.* By Saml. G. Armor, M. D., Prof., &c.

In diseases of the larynx and glottis two diagnostic points of interest present themselves,—namely: is the difficulty vascular and in

flammatory, or is it neurotic and spasmodic? It is frequently of great practical importance that we should be accurate in our diagnosis, yet the points of distinction are not at all times easily made out. The following striking case, in which there was extreme stridulus breathing occasioned by an *eccentric* and remote cause, recently fell under my observation, and for the early history of the case and the treatment, I am indebted to Dr. Bond, of this city.

On Thursday, January 1st, Dr. B. was first called to the case. The little patient was about five years of age, light complexion, and of a scrofulous diathesis. Her health was generally good, with the exception of a predisposition to abdominal difficulties. He learned from the parents that she had been suffering from catarrhal symptoms for some days; had taken oil, but they were not satisfied with the operation. Complained of pain in the region of the larynx, difficulty in breathing, pulse full and frequent. Put on calomel and ipecac., to be followed with oil. Diagnosis,—*accute laryngitis.*

Thursday morning, symptoms all better, but no operation from the oil. Ordered calomel, ipecac., and nitre. In the evening, more febrile excitement, and increased difficulty of breathing. At 7 P. M., I saw the patient for the first time in consultation with Dr. Bond; found the pulse full and frequent, skin hot, face somewhat flushed, breathing very difficult and much anxiety of countenance, with great restlessness. Diagnosis confirmed. Bled freely; ordered warm bath, calomel in broken doses, and enough of ipecac. to excite vomiting occasionally. Breathed much easier after the bleeding; difficulty returned, however, in the night, but not to so great a degree. Did not see the patient again for some days.

Sunday morning, difficulty of breathing still present—no operation from the bowels. Ordered full doses oil and turpentine. Soon after there was a scanty green discharge, and three or four large worms passed. In the afternoon, oil ordered to be followed by enemas, until evacuation of the bowels was procured. During that afternoon and night, complaint was made for the first time of pain in the region of the stomach and bowels.

Monday morning, increased difficulty of breathing, with hacking cough. Enemas ordered; also the compound syrup of squills in full doses. In the evening, Dr. Hoover, the regular family physician, who had been absent, was called. Pain of stomach and bowels continued with increased severity; also increased difficulty of breathing; pulse quick and corded; swallows with difficulty; extremities cold; skin somewhat dusky in appearance, but there was little or no spontaneous vomiting. Ordered full doses ipecac., with a terebinthinate

liniment applied to the throat, which appeared to furnish temporary relief.

I was sent for in the night to see her again in consultation. Found her extremely restless; great anxiety depicted on her countenance; the difficulty of breathing as great or greater than when I first saw her. The question now presented itself in consultation,—Have we here acute laryngeal inflammation? or is the difficulty produced by spasm of the glottis? From the history of the case—want of persistence in the difficulty of breathing—the result of treatment, and the positive evidence of abdominal irritation, we diagnosed the laryngeal difficulty to be secondary and spasmodic; but were not satisfied as to the character of the eccentric cause. On the following evening she died, about half past 9 o'clock.

Post mortem twelve hours after death, revealed the following facts: Mucous membrane of the larynx very nearly healthy; slight vascular injection, not more, however, than would be expected from spasmodic action of the muscles; no effusion of serum on the attached surface of the mucous membrane, nor were there any of the ordinary products of inflammation on its free surface. No cause of death here. We next examined the abdominal cavity, and here found *intus-susception* of the ileum, with softning and destruction of the mucous membrane of the portion of the bowel involved.

Remarks.—This case furnishes a striking illustration of the laws of reflex action so clearly pointed out by Marshall Hall, and of the difficulty sometimes experienced in making out an accurate diagnosis, at least in the early stages; yet many interesting cases are reported in the books in which the larynx is the secondary seat of a spasmodic difficulty. In the first place it is a complicated muscular arrangement endowed with *exquisite sensibility*, rendering it peculiarly susceptible to the neurotic affections. Agents extremely varied, both active and passive, remote and contiguous, are known to be capable of producing fatal spasms of the larynx; and in the acute varieties of inflammation, it may be well questioned whether death does not more frequently result from partial spasm of the glottis, than from mechanical occlusion occasioned by the products of inflammation.

Spasm of this organ takes place in croup, in laryngitis of an acute kind; in laryngismus stridulus, in pertussis. In many cases, however, it cannot be referred to inflammation of contiguous parts, but results from excitation of the true spinal or excito-motory system.

Through the reflex system we have partial spasm of the glottis in the form of child-crowing, occasioned by irritation of the *trifacial* nerve from teething, and of the *pneumogastric* in cases of irritation

of the stomach; and Marshall Hall reports a striking case of spasm of the glottis occasioned by obstinate constipation of the bowels; also, from morbid affections of the *recurrent-laryngeal* from pressure of tumors.

Again, it occurs in the adult in protean hysteria; 1st, in the simple form of aphonia; 2d, fits of croupy breathing; 3d, long continued stridulus breathing without inflammation of the acute or chronic kind; 4th, a hard, dry, loud cough from irritation of the larynx alone. If this cough is violent, it is described by Stokes as the "*tussus ferina*;" and he points out a similar cough, followed by an inspiration, not stridulus, but with the expiration long, sonorous, and groaning like the howling of a dog.

The case which I report adds another to the numerous instances on record, of spasm of the glottis, with the resulting modification of voice and difficulty of breathing, caused by the reflected irritation of the intus-suscepted bowel.

ART. VI.—*Extract from Dr. Beatty's paper on the use of Chloroform in Parturition, including Dr. Gregory's mode of purifying it.*—[Dublin Qurterly Journal, Aug., 1850.

[After some general remarks concerning the motives which had governed him, and the long period of his investigations, Dr. Beatty says:]

"Actuated by such feelings, I have for a long time carefully investigated the value of chloroform as an anæsthetic agent in labor; I have fully satisfied myself that it is possessed of the powers ascribed to it by the distinguished Professor, Dr. Simpson, who first employed and recommended it for this purpose; and moreover, that its employment, *when properly conducted*, is not attended with any injurious effects, either to the mother or child. I have never seen any unpleasant results from it, and I believe that, out of the many thousand cases in which this agent has been employed in parturition, not a single death has occurred from its use. The immunity from danger in these cases may be ascribed to two causes, viz: First the position of the patient; and second, the condition of her stomach in respect to repletion. The horizontal posture is that in which the peculiar effects of chloroform are most easily produced, and in which, consequently, the least quantity is required to produce anæsthesia. This is the position in which it is always administered to the parturient woman, while in many surgical operations, and particulurly in tooth-drawing, the patient is placed in the upright position, when a larger quantity of the drug must be used, and in such cases it is that fatal results have most frequently occurred. With respect to the second csuse, viz., repletion of the stomach, it has been proved most satisfactorily, that if chloroform be administered when the stomach is full, dangerous effects are more

readily produced, and fatal consequences are more likely to ensue. Now in cases of parturition, it seldom happens that the use of chloroform is commenced until some hours have elapsed after the commencement of labor, and during all that time the patient is little disposed to take any food, so that when the time arrives when it may be deemed prudent to administer chloroform, the stomach is empty, and thus another cause of immunity from danger is secured to the parturient woman. These circumstances have, no doubt, contributed to save the class of cases under consideration from injurious effects, and ought to encourage the timid and wavering to lay aside prejudice, and be guided by sound principles and experience. Let it not be forgotten, however, that the grand desideratum in the use of chloroform is its purity. Without this, there is no security against unpleasant consequences. The pure agent is harmless when properly administered; but the impure, with similar precautions in the mode of using it, is sure to cause cough, spasm of the chest, delirium, and excitement, before the anæsthestic effects are produced, and headache, with congestion of the brain, after. Various means have been proposed for testing chloroform, but they were all difficult in their application, and unlikely to be employed by persons in active and extensive practice. To Dr. W. Gregory we are indebted for the description of a method whereby any one, however engaged in practice, or unused to chemical investigations, can for himself test every drop of chloroform he employs by a simple process.

"Dr. Gregory's paper was read before the Royal Society of Edinburgh in March, 1850, and was subsequently printed in the Monthly Journal of that city. The paper is of great value, aud should be carefully studied by all who are interested in the success of anæsthetic treatment. He ascribes the injurious effects of the chloroform in ordinary use to the presence of certain volatile oily impurities, which must be removed before it safely can be employed. These oils contain chlorine, have a disagreeable smell, and when inspired or smelt, cause distressing headache and sickness. It is, therefore, highly probable that when these symptoms occur, as they do with some individuals, from the use of chloroform of more than average goodness of quality, they depend upon a presence of a trace of these poisonous oils. The test which Dr. Gregory recommends for these impurities, is agitation of the chloroform with sulphuric acid, which should be quite colorless, pure, and of the full density of 1.840 at least. This when agitated with the impure cloroform, becomes yellow or brown, from its action on the oils, which it chars and destroys. Any change of color is easily seen by the contact with the colorless chloroform that floats above. Pure chloroform gives no color to the acid. As this is a subject upon which too much stress cannot be laid, I will beg leave to transcribe Dr. Gregory's instructions for the purification of the adulterated drug:

"The chloroform having been tested as above, and found more or less impure, it is to be agitated with the oil of vitrol (half its volume will be sufficient) and allowed to remain in contact with the acid, of course in a clean, dry, stoppered bottle, and with occasional agitation, till the acid no longer becomes darker in color. As long as the ac-

tion is incomplete there will be seen after rest at the line of contact a darker ring. When this no longer appears, the chloroform may be drawn off, and for greater security may once more be acted on by a quarter of its volume of the acid, which should now remain colorless. It is now once more to be drawn off, and in a dry, stoppered bottle mixed with a little powdered peroxide of manganese, with which it is gently agitated, and left in contact until the odor of sulphurous acid is entirely destroyed, and the chloroform has acquired a mild, agreeable, fruity smell. It has then only to be drawn off into a proper phial. It will now leave no disagreeable smell when evaporated on the hand.

"Mr. Kemp has observed, in repeating this process for me, the very curious fact, that as soon as the action is complete, but not sooner, the chloroform, tested with the acid in a tube, exhibits a strongly convex surface downwards, where it rests on the pure acid, or what is the same thing, the acid becomes concave at its upper surface. The smallest trace of impurity, not sufficient to effect the density of the chloroform, we have found to render the line of junction horizontal."

We have thus in our power a very simple means of testing and purifying chloroform before employiug it; and if strict attention be paid to this most important point, I have little doubt much of the prejudice which still prevails against the use of this remedy will be removed. The purity of the drug being secured, the next important consideration is the manner of using it. I have always administered it on a pocket handkerchief, as Dr. Simpson first advised, and I see every reason in favor of this mode. It secures a due admixture of atmospheric air with the vapor of chloroform, a circumstance of great importance in the commencement of the process; for the slow and gradual admission of the vapor into the lungs, when the drug is pure, produces a weak anæsthetic effect at first, which, however, by a perseverance in the inhalation, becomes more and more intense, but by slow degrees, and in a manner which is quite discernable by the administrator, and can be arrested at any moment by withdrawing the handkerchief. This command over the quantity and quality of the inhaled vapor cannot, I think, be attained in the use of any of the inhalers that have been proposed.

ART. VII.—*On the Use of Vegetable Carbon in Nervous Affections.*

[Dr. Belloc, strongly recommends the employment of vegetable carbon in *nervous* affections of the stomach and intestines, such as dyspepsia, gastralgia, pyrosis, vomitings, &c., &c., he has used it with success in these conditions whether recent or of long standing, idiopathic, i. e. purely nervous and local or symptomatic of other pathological states, such as chlorosis, anemia, hypochondriasis, &c., &c. He deems the *preparation* of the carbon to be of the greatest importance in obtaining the desired effect of the remedy, and recommends the poplar as the tree which affords the best kind of carbon. It is necessary to choose the young growth, or that of three or four years, very green, and the bark of which is perfect; that which grows in low

and damp places and little exposed to the sun should be rejected. It is best to gather it when the sap is rising. The branches of the poplar cut and stripped of their bark, are placed in well closed vessels, and these are then heated to whiteness; a light and brilliant charcoal is obtained without any ashes; it is kept three or four days in vessels of water, which is frequently renewed; it is then dried and reduced to powder without waiting however till it is made extremely dry.

M. Belloc requests the pharmaceutists not to neglect any of these precautions either in the choice of the wood or its mode of preparation, and speaks of the bad results obtained from carbon prepared in a different manner. This last, sometimes produced distress in the epigastric region, bad taste in the mouth with heat, very painful excoriations of the buccal mucous membrane, slow and difficult digestion, dysuria, &c., &c. In prescribing the carbon of M. Belloc, three to six tea-spoonsful are given for a dose, but more can be given sometimes with advantage, and always without inconvenience. The powdered carbon is made into a paste introduced into the mouth with a spoon and then swallowed; taking a small quantity of water immediately afterwards. Several cases are given by M Belloc; we shall give only the two following:]—*N. Y. Reg. of Med. and Phar., Nov.* 1850.

"Madame D——— had been frightfully emaciated for ten years. Under the influence of a well marked chlorotic state, she had lost her appetite, and lived only upon vegetable and acidulated and spiced substances; she had an invincible repugnance to meat and fatty articles of food, obstinate constipation, head-aches with dizziness, often palpitation and shortness of breath on walking a little distance, very great general debility, pains in the stomach with weight, principally after eating. Being consulted by her, I prescribed the carbon in the dose of four spoonsful a day: a spoonful morning and evening before each repast, and another immediately after. The appetite was not long in manifesting itself. We have almost always found in similar cases, this instantaneous return of the appetite immediately after the taking of the first doses of carbon. Madame D—— continued the use of the remedy for one month; the constipation was soon conquered, the patient could then eat with pleasure the substances for which she formerly experienced a profound disgust. We ordered for her roasted and broiled meats, she could after a while drink wine which previously caused her great heat in the stomach. Nutrition became good, her enbonpoint returned and *health soon became completetely re-established.*

"M. N——, a prey for many years to an intense gastralgia, was at the same time hypochondrical to the greatest degree; his sufferings were such, that he regarded himself as destined to an approaching death; he grew worse every day, and was besides under the almost constant and fatiguing influence of a severe head-ache. We examined with scrupulous attention the state of all the organs, and we learnt that N. M—— some years previously had been affected with a severe opthalmia for which he had been treated at Paris by local remedies. It was a short time after the disappearance of the opthalmia, that he experienced the symptoms of the gastro-intestinal affection which we have spoken of. M. N—— pursued for a long time a pal-

liative treatment with morphine, bismuth and citrate of iron, and was placed upon tonic diet; he was extremely timid, and as he believed himself affected with an inflammation of the stomach, he dared not use the carbon; he took however a spoonful of it, but thought it produced irritation. We proposed that he should take it in his food. and found that he bore it well; the stomach did not suffer from the food, which was easily digested; the discharges became regular, the cephalalgia disappeared as well as the wandering pains. which he had felt throughout the body, and his gaiety returned; one month after we placed him on the use of Iodide of potassium, which he bore well, and which restored him to perfect health. With this patient the carbon had a triple action, for under its influence the pains of the stomach disappeared, the aliments were well digested, and the remedies necessary to complete the cure of the disease were well borne."—*Journal des Connaissances, Med. Chirurg.* March 15, 1850.

C. E. I.

Editorial and Miscellany.

We lay before our readers the following letter from our colleague, Prof. Sanford, who is absent on business pertaining to the Medical Department of the State University. It will be read with pleasure by all who are interested in the establishment of Educational and other benevolent institutions in our young and prosperous State:

Iowa City, Jan. 7, 1851.

Prof. Armor, *Dear Sir:* After a pleasant journey of three days, we arrived in this city. Passing through a populous and interesting portion of Iowa, we were enabled to observe the remarkable results of Anglo-American enterprise in this beautiful portion of the new world. The mingling of various elements, peculiar to different divisions of the human race, has developed an impetuosity and perseverance, which distinguishes our people throughout the world. The history of the North American Continent derives its greatest interest from this fact; its physical characteristics, striking as they have appesred to European travellers, and interesting as they are in their influence upon the progress of physical science, are less remarkable than those astonishing intellectual combinations which have so rapidly changed the condition of the new world. The natural philosopher, turning from the contemplation of our magnificent Mountain, Lake, Forest and Prairie scenery, finds, in the mental constitution of our people, a source of reflection well calculated to perpetuate his admiration. He will find in this reflection, an explanation of the fact, otherwise incredible, of a people, three-quarters of a century ago, numbering but three millions, without government, and scattered throughout the immeasureable wilds of a newly discovered continent, going

to war with the most powerful nation on earth, acheiving their independence, establishing a government which is a model for the world, and illustrating under it the highest destiny of the human race. In no part of the United States has the character of our people been more happily displayed than in Iowa. But a *few* years since we made a rapid transit across the State, luxuriating in the view of nature's loveliness,—gazing upon the "unshorn fields" clothed in summer's beautiful drapery. Then nothing interrupted the scene but an occasional cabin of the settler, a solitary and straggling red man, or the wild deer bounding from his grassy couch. How changed the scene is now! The extended and well cultivated fields, the comfortable and often elegant cottage, the beautiful and stirring village, showing in the far distance the steeples and cupolas of its churches and school houses, occupy the place,—the hum of industry fills the land, and the traveler, when the time for refreshment or repose is at hand, may enjoy the flowing hospitality of the generous Hawkeye.

The most pleasing indication of prosperity and happiness, connected with our people, is the care and attention given to the subject of Education. I have never seen a country better supplied with school houses; and in several of the villages through which we passed, commendable efforts were being made to establish schools and Seminaries for the higher departments of learning. In West Point, Lee county, we visited Des Moines College, and had the pleasure to meet two of its able and gentlemanly professors. From them we learned, thai the Institution was an Almoner of the Presbyterian Bounty Board,—that more than one hundred pupils were in attendance in the academical department, and that College classes would be established at an early day. No situation could be better suited for an institution of learning than this village. With a topography indicating the greatest security to health, and a refined society distinguished for its moral character, it combines many other agreeable facilities. Every medical man should feel an interest in these institutions. They are the threshold to professional usefulness, and their necessity is nowhere more obvious than amongst the medical profession of the United States. A better *primary* education on the part of our Medical students will do more to improve and maintain the honor and dignity of the profession, than any arbitrary exactions of Medical Colleges or Societies, or proscriptive legislative enactments, and the establishment of numerous literary institutions in Iowa, will doubtless display its influence in the ranks of the profession.

I had the pleasure, on my way here, to meet several of our medical friends. The best feeling toward our School and Journal seems to

exist. Certainly no enterprize of a similar character ever received a more cordial approbation from those who can appreciate its tendencies. Every where, demonstrations of friendship have been spontaneously tendered, and several gentlemen have handed me their names as subscribers to the Journal. I had the pleasure to meet with Dr. Siveter, a distinguished physician who resides near Salem, in Henry county. He is a gentleman of liberal virtues and education; and although retired from the active and laborious duties of the profession, is still devoted to the interests of science, and gave me an assurance of his sympathies with us in all our honorable efforts.

Our duties here, have occupied so much time, as to have deprived us, thus far, of the pleasure of calling upon the physicians of this city. There are several highly respectable members of the profession here whose acquaintance we shall be happy to cultivate, and who, from their central location, may contribute much to the medical interest of our State. It is very desirable that every portion of our State may be represented at Fairfield, at the meeting of the State Society, in May next, that an extended and combined effort may be made to develope the medical resources of Iowa.

On the morning after my arrival, our first duties being with the Board of Trustees of the State University, I called upon the Hon. Thos. H. Benton, Jr., who is President. He made immediate arrangements to incorporate the report from the Medical Department of the University, with his forthcoming report as Superintendent of Public Instruction, to the General Assembly, and in every way evinced a desire to facilitate the object of our mission. He has rendered us an important service, by urging upon the Legislature the necessity of making an appropriation to sustain the Medical Department, adequate to its present and future wants.

On Tuesday morning a petition for an appropriation to build a State Lunatic Asylum, signed by several hundred names, was introduced into the Senate, and immediately after, an able memorial upon the same subject, from Prof. D. L. McGugin. In this memorial, after presenting the statistics of insanity for this State, and showing the necessity of such institution, the Professor makes an eloquent appeal in behalf of this unfortunate class of our citizens, which cannot fail to excite the commiseration of every philanthropist. The census returns, in which those statistis are embraced, have not been officially received from every portion of the State, and we therefore cannot indicate, exactly, the number of lunatics to be provided for; but, adopting the proportion to the whole population found in other Western States, there cannot be less than forty or fifty of these unfortunate be-

ings in Iowa. The petitions and memorial referred to, elicited an early action on the part of the Senate; a committee was appointed to take this important subject into immediate consideration, and it is understood they are now ready to report a bill, appropriating twenty-five thousand dollars to the erection of an asylum for the insane at Keokuk, and making a provision for their safety and welfare, until the institution can be completed. The general admission with the members of the General Assembly, that such an institution is greatly needed in this State, is a sufficient evidence of its early establishment.

It is probable that we will not be detained in the city longer than the 10th inst.; having accomplished the object of our mission, we will return with alacrity to our post. Our journey hither, instead of being one of fatigue and suffering, was pleasant and agreeable. The weather was exceedingly mild, the atmosphere invigorating and delightful; and now, in this high northern latitude, associated in the minds of our eastern friends, with intense cold, and almost perpetual snow, the thermometer indicates a mean temperature for the day of 33 degrees. The seasons seem to be undergoing some great revolution, for in my own memory, the severity of the winters in this latitude, is greatly mitigated; and if the change continues in the same ratio till the close of the present century, the great Valley of the West will vie with "Italia's vales" in the beauty of its sunny skies, and its balmy and delightful atmosphere. Ever truly,

J. F. S.

VEGETARIANS, ALIAS GRAHAMITES.

It appears that the *vegetable* mania is again possessing the minds of some of our Eastern reformers. They are calling vegetable conventions, making vegetable speeches, reporting vegetable resolutions, and exorting their carniverous brethren to forsake the eating of meat for fear that "offences" may come thereby. About twenty years since one Graham, of vegetable notoriety, commenced the crusade against beef, mutton, poultry, butter and frogs; and since his time, his disciples, like John the Baptist, have been going about the country eating wild honey, but unlike John, won't touch the locusts. They would have us forsake, at once, the blood and flesh of animals, and enter the ranks of reform by becoming *one* great community of Nebuchadnezzars.

It appears from the *Medico-Chirurgical Review* for July, 1850, that the great metropolis of Europe has been also recently attacked by a strong party of reformers, charged with enormous quantities of

eggs. John Smith leads off in this reform, aided by Sylvester Graham, with a detachment of Parisians. They have sent out a *universal bill of fare*, from which we extract the following ingredients: *Omlet*—5 eggs; *Rice Fritters*—5 eggs to be fried in butter; *Baked Bread Omlet*—5 eggs, and well buttered; *Onion and Sage Fritters*—4 eggs, and fried in butter; *Baked Rice Omlet*—6 eggs, and well buttered; *Bread and Parsley Fritters*—4 eggs, and fried in butter; *Forcement Fritters*—6 eggs, and fried in butter.

A great variety of puddings are also mentioned, each containing eggs.

Now we are not disposed to quarrel with those dietetic reformers, who would attempt to meliorate the condition of man, physically, morally and intellectually, by urging eggs down the people's throats; but we cannot for the life of us see the propriety of calling these *dishes*, the principle ingredient of which is eggs, a vegetable diet. Their nomenclature is a little like the Paddy's, who insisted that a *turtle* was a *partridge*.

But seriously, we cannot but think that that school of dietetic philosophers who would restrict man, under all circumstances, either to an exclusive or animal diet, violates the laws of his physical existence, and betrays an ignorance of the relation existing between the materials of his food and the wants of his bodily organism. This relation is not always the same: climate, temperament, exercise and disease vary it. The North man must have his fat, his flesh, and his "blubber;" on the contrary, the inhabitants of a tropical climate are obliged to live almost exclusively on herbs, grain and roots. The inhabitants of Greenland live, from necessity, on a diet that would be destructive to the lives of those who inhabit the burning climate of the West Indies.

All history, all experience, all science, we think, go to prove that man's natural diet is a mixed one, and that it varies under different circumstances of activity, disease, climate, &c. By changing his diet, man can support all possible degrees of temperature. In the diversity of regions which he is capable of inhabiting, he holds the first place among the animal creation. He can dwell in all situations. He is found in the neighborhood of the pole and the equator,—inhabiting the naked and barren shores of the Icy sea, the ice-bound coasts of Labrador, and the frightful deserts of Terra Del-Fuego. The power of thus living in various situations would be rendered nugatory if man were restricted in his diet.

If, then, it was the design of Nature that these inhospitable regions should not be left entirely uninhabited, it was equally the design that man should subsist on a MIXED DIET. A.

HOMŒOPATHY—ITS DECEPTIONS.

The readiness with which empiricism, in its various forms, is believed, embraced and practiced by community, is a lively comment on that variety of character which goes to make up the *genus homo;* and perhaps no "system of medicine," as is the fashion now to call the various forms of empiricism, has met with more favor than that of Homœopathy. It appears admirably adapted to the present active, restless and speculative condition of the public mind; for it is true that these are the individuals who most readily embrace it, and "pity 'tis, 'tis true." The little pills, the little phials, the little doses, the spiritual triturations, and the hundred-millionth part of the thousand-millionth of a drop of "mother tincture," largely diluted, attract a class of persons who utterly repudiate the fiery doses of the Thompsonian, or the copious draughts and frequent immersions of the hydropathist. It is believed by a class who would be ashamed to consult a "seventh son," or who would scorn the idea of making a pilgrimage to consult an Indian Doctor. Hahnemann ranks among his disciples, another and a very different class of men,—men who delight in abstractions and mysticisms, and are partial to new things because they are new. Homœopathy justly claims, as its advocates, no mean grade of intellect. Bilious clergymen, constipated lawyers, sceptical doctors, and hysterical females,—these are they who are sometimes found proclaiming the wonders of infinitesimals; and we can readily believe that the little pills, and the decillionth dilutions, by acting as mental placebos, save many such from the injudicious use of more injurious drugs. We are not of those who deny that that "system" is not sometimes productive of good. There are cases in which its *negative* merits can not be denied. Invalids *will* have medicine, and that, too, when it is frequently injurious; and injudicious physicians too often gratify the morbid appetites of more injudicious patients. There can be no doubt but that the world would be better off if there was more "physic thrown to the dogs," and less taken into people's stomachs. Homœopathy corrects this abuse by; 1, the disuse of medicines when their action is injurious; 2, an abridgement of diet; 3, satisfying the appetite for drugs. These things are all well, nay *valuable* in themselves; and if Hahnemann has been successful in impressing their importance, we would not withhold from him his due meed of praise.

But we object to the "system;" 1st, because many of its principles are erroneous; 2d, on account of its exclusiveness; 3d, because it suffers patients to die from neglect of *actual* disease, when prompt and efficient medication is demanded; 4th, on account of the dishonesty of its practitioners. They are constantly abusing Allopathy, yet are

frequently detected practicing its precepts. They make symptoms of crisis an excuse for blood-letting: and for the relief of pain, administer, in a concealed condition, full doses of morphine, aconite and other concentrated and powerful narcotic drugs. The same appears to be true of the trans-Atlantic Homœopaths as shown by the following extract from a foreign periodical:

"A lady who lately consulted us, (the editors of the London Journal of Medicine,) produced a pot, chiefly consisting of *Barbadoes aloes*, given to her by a London homœopathic accoucheur. She designated the drug the *homœopathic paste for consumption*, and took it nightly, in *five grain* doses. A second lady, with pulmonary tubercles, in detailing her medical history, informed us that a hoœopathic physician at Brighton had ordered her to take cod-liver oil. A third lady assured us that a well known homœopathic doctor had prescribed for her castor oil."

"At ene of the meetings of the Medical Society of London, we (Eds. of Lancet,) remember Dr. Risdon Bennett reading two prescriptions for the same case; written by a homœopath within a few days of each other. In the first, the globulist ordered a simple drop of laudanum in six ounces of water; two table spoonsful being a dose, with the —th part of a grain of ipecacuanha. In the second he became heroic, and prescribed *five ounces of the infusion of senna, half an ounce of tincture of jalap, half an ounce of manna, half an ounce of cardamoms, and two ounces of sulphate of magnesia: a sixth part to be taken every three hours.*"

Such miserable trickery better becomes the notorious juggler than the man of science, and such concealment, impudence and want of candor, let their manifestations come from what "system" they may,—regular or irregular,—must ever retard the progress of true medical science. The statistics of homœopathy, if accurately made and honestly reported, might be of use to true and legitimate medical science, by showing how far the recuperative powers of nature, unaided, could be trusted; but when, for the sake of popularity in the treatment of disease, they secretly abandon their negative practice, and resort to more efficient remedies, no further reliance can be placed in their statistics of cures. A.

JOURNALS RECEIVED.

Since the publication of our last No. we have received, in exchange, the British and Foreign Medico-Chirurgical Review, (reprint in N. Y.) and the Charleston Medical Journal, two of the ablest Medical publications which issue from the American press.

THE

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ART. I.—*Case of Tuburculosis—Results of Physical Exploration.*

By SAML. G. ARMOR, Professor of Physiology, Pathology and Clinical Medicine in the College of Physicians and Surgeons of Iowa University.

There is no department of Medical Science in which there has been greater advance made within the last few years, than Physical Diagnosis in diseases of the heart and lungs; and every case, accurately diagnosed by such means, adds fresh interest to this department of our science.

The following instructive case recently fell uuder my observation, —instructive from the fact that the diagnosis was based almost exclusively on *physical exploration*, some of the rational symptoms contra-indicating the condition which the physical signs revealed.

—— Olsten, aged about 25, a native of Norway, and of a sanguineo-bilious temperament, consulted me in the month of November concerning a diarrhœa from which he had suffered for some six or seven months previous. On examination of the case I was led to suspect softning and ulceration of the mucous membrane of the small intestines, for which I prescribed a pill composed of nitrate of silver and morphine, in the proportion of half a gr. of the former to a fourth of a gr. of the latter; to be taken three times a day. This was the urgent symptom, and the one for which, alone, he desired the prescription.

He stated to me, however, during the examination, that he was troubled with a cough; but on inquiry I learned that the cough had not been a constant and urgent symptom with him; that he had never had hæmorrhage from his lungs, nor had he ever suffered from hectic fever, chills, or night sweats. Physical exploration revealed the following condition of his lungs:

On percussion a slight dulness was manifest over limited spaces of superior portion of the right lung, and had we extended the examination no farther, we would have written down, hepatization, carnification, or tuburcular deposit. Auscultation, however, made the correction by revealing cavernous respiration, without the cavernous rhonchus, over upper portion of right lung; and, on auscultation of the voice, very marked and perfect pectoriloquy was found corresponding with cavernous respiration. Puerile respiration was also manifest in the left lung; but in no portion of either lung could I detect the healthy respiratory murmur.

If we rest in physical exploration, short of a knowledge of *all* the symptoms, the signs will limit rather than extend our views; and this is perhaps a common error with those who are commencing the study of auscultation. They are apt to be too well satisfied with a partial discovery of the symptoms, and these very discoveries may lead to error; while a more thorough examination, a careful notation of all the physical signs,—would enlarge our views, and lead to a more accurate diagnosis. Short of an accurate knowledge of the subject, we have little faith in the stethoscope. In the case which I have submitted there was more dulness on percussion over superior portion of right lung than characterized the corresponding portion of the left lung; and with this, there was increased vocal resonance. The question then presented itself, Have we bronchophony or pectoriloquy? —one occasioned by solidification of the lung; the other by the opposite condition, that of cavity. It is occasionally very difficult to distinguish between fully developed bronchophony and feeble pectoriloquy; and in the absence of cavernous rhonchus in this case, which would have been an important diagnostic point, had it not been for other co-existing signs, we might have been baffled in the diagnosis. The vocal resonance, however, was, in the first place, remarkably circumscribed; there was not that gradual shading off which so frequently characterises bronchophony. In the second place, it was observed in connection with cavernous respiration and cavernous voice. But two other signs were wanting to settle the matter as to the character of the vocal resonance, namely, the cavernous or gurgling rale, and metallic tinkling. The presence of either of these would have settled the matter beyond all controversy. The case presented a sufficent correspondence of testimony, however, to warrant me in diagnosing the existence of cavity; although the slight dulness on percussion. in the absence of other evidences, would have been well calculated to throw a shade of doubt over its correctness.

The case was subsequently examined by Drs. Richards, Bond and

Hughes, and diagnosis confirmed. I present it as furnishing some interesting points in physical diagnosis, and as illustrating the necessity of carefully weighing *all* the testimony before coming to hasty conclusions. This patient had been told, possibly from the existence of the strong puerile respiration in his left lung occasioned by the arrest of function of the right, that it was the seat of difficulty; and by others, that there was nothing the matter with his lungs. This might have been inferred from the absence of some of the rational symptoms; for it will be borne in mind, as a singular fact in the history of the case, that neither chills nor hectic was at any time present.

From the time I first saw the patient his diarrhœa continued; dropsy of the extremities followed, and in the latter part of December, some seven or eight weeks from the time I first saw him, he died.

EXAMINATION AFTER DEATH.

Left lung interspersed with miliary tuburcles; other than this, no marked lesions were present. On examination of right side, the pleura costalis and pleura pulmonalis were found adherent in patches; and the amount and strength of this adhesion increased toward the spine. In the right lung two cavities were found, each capable of containing from one and a half to two ounces of fluid; they were empty, communicated with the bronchia, but not with each other. One occupied the apex of the lung; the other immediately below. They were separated by a strong fibrinous wall. Fibrous bands were also observed in places on the walls of the cavities, resembling somewhat, the carnæ columnæ of the heart. Around the cavities, and extending over the anterior and superior portion of the right lung, it was found heptatized, with pretty extensive incipient tuburcular deposits.

Extensive tuburcular deposits were also found in the small intestines, and in the mesenteric glands. Peyer's glands were also enlarged, and in places ulcerated, and a large extent of the mucous membrane of the intestines was in a softned condition, so much so that it could be readily removed with the handle of the scalpel.

An abscess was also discovered on right side of the spine, containing about half a pint of vitiated pus. The walls of the sac were dense and thick, attached along the median line of the sixth, seventh, and eighth dorsal vertebræ, and towards the right side, extending into the chest. The vertebræ named were the seat of caries, which had destroyed a great portion of the seventh, and converted the eighth into a spiculated or spongy condition. The abscess did not communicate with the lung, but was distinctly defined and limited in every part of its extent.

ART. II.—*Fœtal Circulation—Erroneous Description of Writers.* By NICHOLS HARD, M. D., Prof. of Anatomy in the Medical Department of Iowa University.

I have been forcibly impressed, while investigating the structure of the organs of circulation in the fœtus, with what seems to me an obvious error in the description given by writers—by the most reliable authorities—by all writers, in fact, upon that subject, whose works I have been able to examine. The point, too, is one of no minor importance, relating, as it does, to the functions of the two principal organs of fœtal existence.

To state the objectionable description, we will quote a passage from Wilson's Anatomy, Second American edition, page 582. In describing the return of the impure or venous blood to the heart, and its further distribution through the *ductus arteriosus* to the aorta, the following statement occurs:

"In the adult, the blood would now be circulated through the lungs; but in the fœtus the lungs are solid and almost impervious. Only a small quantity of the blood passes, therefore, into the lungs; the greater part rushes through the *ductus arteriosus*," &c.

Other writers, while making substantially the same statement, add, that "the small streams sent through the pulmonary arteries, are merely sufficient to nourish the lungs in their dormant and collapsed state."

The doctrine taught by them all, is, that the fœtal lung is nourished by a small current of blood sent through the pulmonary artery, the larger part passing on through the arterial duct.

Now in the first place I observe, that this source of nutrition is unnecessary and superfluous. The lungs are already supplied with their appropriate nutrient vessels, the *bronchial arteries*, devoted to that special function in the fœtus as well as in the adult, arising from the anterior side of the thoracic aorta, and entering the root of the lung, with their corresponding veins. Are the bronchial arteries to be denied their office in the fœtus? or is it supposed that the fœtal lung, in its dormant state, requires nutrition from two different sources?

2. The provision claimed is inadequate to the end proposed. The blood, entering the pulmonary artery from the right ventricle, is the impure venous blood, and not capable of nourishing an organ.

These considerations, it seems to me, are sufficient to establish the opposite of the doctrine referred to. But additional proofs may be brought forward if necessary. For instance, the pulmonary arteries terminate in the capillaries of the walls of the air vesicles, ending, finally, in the pulmonary veins; and it is the instantaneous and immense distention of these vesicles with air at the first inspiration, that

drives the blood through the pulmonary arteries to the lungs. Now in the dense compressed condition of the vesicular structure, there is no force inviting the blood thither; no room for its circulation. Besides, if it were possible, the blood would pass on into the pulmonary veins to the left auricle of the heart; which would complete the adult circulation.

I may observe, finally, that my examinations of fœtal structure with reference to this point, have satisfied me that the pulmonary arteries, as well as veins, are collapsed, and entirely exempt from any participation in the circulation during intra-uterine existence. These views have been taught by me to medical classes for several years.

ART. III.—*Case of Inguinal Tumor, supposed to be Aneurism.* By Dr. Thos. Siveter, of Salem, Iowa.

Peyor Woodward, aged 32, consulted me about the middle of 2d month, (Feb.) relative to a large tumor, situated in the right groin, over the exit of the femoral vessels from under Poupart's ligament. The history of the case, as I could learn it, was as follows:

Nine months before he consulted me, he had violently exerted himself in jumping. About two weeks after this exercise, he felt some soreness in the groin, and, upon examination, discovered a tumor as large as a hickory nut, adherent at the base. By pressing on tumor, pulsation was distinctly felt, and his family suspected it to be an aneurism; but not availing himself of the usual means of diagnosis, he finally concluded that this was not the case. From this time the tumor continued to grow, and when I saw him at the time above mentioned, tt presented the following dimensions and appearance: situated in the right groin, the tumor extended from within one and half inch of the anterior superior process of the ilium, to the symphysis pubis, and about an equal distance above and below; it measured one foot seven inches in circumference at the base, and about three inches in depth or thickness. It was divided by crucial depressions into four principal lobes, presented a slight purplish hue, and was hard and inelastic, except along the dividing depressions referred to. Severe lancinating pain in the tumor was quite constant, though there was an occasional exemption of twelve or twenty-four hours. The patient has to lie inclined to the right side, and when he turns towards the left, it produces pain in the bowels. Testicle and spermatic cord appear normal, but some dain is excited along the cord when prssure is made on he tumor. The limb of the affected side is considerably larger than

its fellow; does not pit on pressure; some soreness extending along the course of the femoral vessels to the popliteal space. When the tumor is clasped with both hands, a distinct pulsation is felt; likewise pulsation about the umbilicus may be seen as he lies upon the back. Upon applying my ear closely to the tumor, I could hear no *bruit de soufflet.*

The symptoms above detailed, partly observed by myself, and partly obtained from others, satisfied me that this was a case of femoral aneurism, and required, for its cure, a ligature upon the external iliac, or, perhaps, the common iliac artery. I accordingly communicated this opinion to the patient, remarking, at the same time, that I would not hesitate to operate, or to assist in the operation, if some competent surgeon could be procured to share the responsibility; in the mean time, while seeking further advice, I urged him to remain perfectly quiet.

Toward the latter part of the Fourth month, (April) I was sent for, to meet another practitioner for the purpose of operating. I went, and remained a whole day with the patient, but the other physician did not come. He subsequently visited the patient, however, but his opinion I have not been able to ascertain. He declined to operate, and the patient grew weaker; finally, the tumor sloughed, and hæmorrhage ensued, increasing the debility; various abscesses formed in the thigh, leg and the foot, and after intense suffering the patient died about the middle of the Ninth month.

To my mind, the above case was interesting in several particulars. Besides its inherent importance as an example of a formidable surgical disease, its history and termination, the benefits which would result to the profession in this State from a properly organized Medical Society, and from a well sustained Medical and Surgical Journal. The first affording opportunity to our physicians to exchange the results of experience throughout the State, and familiarizing the mind with every form of morbid action, pointing out the history, discussing the pathology, and indicating approved and successful methods of cure. The latter making a permanent record of the facts thus collected, noting the progress of science in other portions of the world, and constituting, with our own current literature, a fund of knowledge, of easy access, to be used for the good of the afflicted. We cannot doubt, that if the first manifestation of disease, in the case of Woodward, had been met by an appropriate and skilful operation, his life would have been saved; and even at a more advanced stage, the operation often performed by Cooper, Pearson, Liston, Physic, Mott and others, would, in all probability, have been followed by re-

lief. A familiarity with those cases of disease, acquired by studying the cases of others, as well as accurately observing our own, will often remove the greatest obstacle to success, and, as before remarked, this can be acquired by sustaining our own medical societies and literature. These original investigations have an important advantage over a parasitic literature, in maintaining an emulation amongst our own brethren, which stimulates every one to make some addition to the general stock of science and philanthropy.

The following communication from an esteemed brother, we insert with pleasure. It relates to an important subject, which should receive more attention from the regular Surgeon, than is usually devoted to it. S.

ART IV.—*Remarks on the Prevention and Cure of Caries of the Human Teeth.* By Dr. Joseph Sanford, Chillicothe, Ohio.

Diseases of the teeth, although not usually considered within the legitimate range of general Surgery, are by no means unimportant. The numerous diseases of important structures which result from the various morbid conditions which are incident to the teeth, invest the subject of dental pathology with an interest which should be felt by every practitioner of the healing art. The discussion of the various and important topics connected with the pathology of these important organs, would render necessary an anatomical and physiological description, incompatible with our present purpose; we propose to devote a few thoughts to one of the most common forms of disease to which they are subject, and to briefly illustrate its influence upon the important parts, as well as upon the general frame.

It needs no argument to show the intimate connection which affections of the teeth have, not only with the convenience, comfort and good looks of an individual, but with his health and very existence. Numerous diseases of a painful and intractable character, often periling life by their intensity or persistence, proceed entirely from the contents of the alveoli. Amongst these we may mention violent and continued headache, glandular swellings about the mouth and neck terminating in, or combined with abscess, ulceration of the tongue or lips, sometimes assuming a malignant character from long continued irritation: tic douloureux, and neuralgic affections of the tongue and jaws; abscess and sinus of the cheek; enlargement and change of structure in the gum, often leading to malign tumor of the bone; from affections of the nerves thus induced, or from the necessarily imper-

fect mastication, serious derangements of the digestive organs may ensue, and from continued constitutional irritation, grave constitutional disease may result.]

This enumeration of evils, by no means exaggerated, will illustrate the connection of dental disease with general surgery, and render appropriate for publication in your Journal, a few reflections upon the pathology and treatment of caries.

From the similarity between the elementary constituents of the teeth and the other bones of the skeleton, we might be lead to the belief, that the pathology of caries in each texture was indentical. Mr. Nasmyth, to whose investigations science is so much indebted for a correct knowledge of the intimate structure and developement of the teeth, has shown, that their structure is, in many respects, analagous to bone, by demonstrating the arrangement of the primary calcigerous cells, and the delicate cellular net-work of animal matter in the meshes of which they are contained, but the pathological similarity does not appear to be so strongly marked.

Speaking of this lesion as it affects the osseous structures generally, Mr. Miller has called it, "a breach of continuity in bone, of an altogether peculiar kind, of itself incapable of cure, yet not partaking af a truly malignant action," and this definition will apply with equal propriety to caries of the bone, but when we analyze the morbid condition, and consider separately its phenomena as they present themselves in the two tissues, we find some essential points of difference. In bone the cancellated structure seems to be the proper nidus of the disease, and degeneration of the laminated portion seems to be essential in those parts where cancellated texture does not naturally exist. This degeneration is effected by interstitial absorption, and the diseased portion of the bone, may be divided into three parts; the central ulceroùs or carious cavity; a circle exterior to this, affected by interstitial absorption; a third beyond, consisting of comparatively sound bone, undergoing a low grade of vascular action of the sthenic character. This latter accompaniment of the morbid process in bone, serves to distinguish it from the same process affecting the teeth, for while the first two phenomena are invariably present in caries of the teeth, the third, perhaps from the low organization or vacularity of these structures, does not occur. The disease, commencing on the surface at one or more points beneath the enamel, proceeds inwardly until the pulp is exposed, and the carious action, however actively it may go on, is preceded by interstitial absorption which prepares the dental structure for its onward progress; but the tooth beyond seems to take no notice of the approaching destruction and remains in a pas-

sive or normal condition. In virtue of this encircling vascular action around a carious portion of bone, a reparative process is instituted in the part, as soon as the carious and absorbed portions are removed, and this augmentation of vitality in the part serves the double purpose of fortifying it against the re-accession of disease and repairing the breach of continuity. This abbreviates the labor of the general surgeon, whose only duty is to remove the obstacles to repair, and then to look on in watchful admiration until nature completes the work of restoration.

But the dental surgeon, knowing that no such conservative power is held in reserve, prepares for a further application of remedial and prophylactic measures. Although he cannot expect by the removal of diseased portions to facilitate the filling up of a cavity by an effort of nature, he is fully aware that morbid action will persist, until the last particle of diseased structure is taken away. This is the paramount indication, for whilst any portion remains, there is no immunity from extension of disease, and his skill and care in effecting this object, would prove of little avail, were not a further means of protecting the parts thus exposed, from the ordinary causes of this lesion immediately applied.

The *causes* of caries of the teeth are numerous, and may be divided into two classes, External and Internal. External causes embrace a great number of alimentary substances, and the inhalation through the mouth, of noxious or acrid vapors or gases. The internal include exhalation from the stomach, perhaps occasionally from the lungs, and the various secretions occurring about the mouth. Of the first class, it has been thought that those articles of a decidedly acid character, are most productive of dental caries, and the constant contact of heated substances is evidently injurious. Many substances which by transient or temporary contact, would be unattended with harm, acquire a deleterious quality by decomposition and changes, after remaining for days or weeks in contact with the teeth.

Vitiated exhalations from the stomach are, undoubtedly, a prolific source of dental caries; in cases of indigestion and other gastric disorders, the teeth seldom maintain the integrity of their organism, and this fact, abundantly confirmed by observation, exemplifies the importance of attention to prophylactic means, on the part of such invalids.

A third class of causes, might be connected with a general cachectic or depraved state of the system. Embraced in the chain of vital sympathies which so beautifully and harmoniously regulates the functions of the animal economy, the teeth are not supposed to be ex-

empt from, or independent of, morbid influences pervading the general frame. They derive their nourishment from the great pabulum of life, and when this is changed or vitiated in its character, so as to be unfitted for the purposes of healthy nutritition, they feel the influence and often perish from the deprivation.

The *treatment* of caries of the teeth is *prophylactic* and *curative*. Mere *palliative* treatment, as recommended by some, is not to be thought of. The old adage, that an ounce of prevention is better than a pound of cure, is no where more obviously true, than in caries of the teeth; this will appear, when we reflect, that breaches of continuity in the dental structures are never repaired by nature, but require artificial substitutes for the original texture, which at best are an inadequate compensation for the loss. By careful and due attention to cleanliness this indication is satisfactorily fulfilled. It is evident that all of the causes embraced in the first two classes may be removed as far as their immediate action on the teeth is concerned. The treatment of derangements of the digestive organs, occasioning the eructation of gases and other substances injuriously affecting the teeth, belongs to the physician and involves details which we cannot now review, but even this cause of dental caries may be held in abeyance for an indefinite length of time by a vigorous use of the brush.

This little instrument, so important in the armamentarium of the dentist, requires some care in its selection and use.. In cleansing the teeth, it is not sufficient to remove the superficial accumulation. The brush should be stiff, and made by the application of sufficient force to penetrate the interspaces between the teeth, and to remove from about the neck, where it usually collects, every particle of foreign matter. Where stains appear upon the teeth they should be speedily removed by the employment, once a day, of Creta Preparata, or Pulv. Orris root, either of which will restore the teeth to their natural color in a few days; if the teeth are thus treated, caries will seldom attack them.

Sometimes the teeth are so crowded as to render a thorough cleansing impossible; this should not deter any one, however, from using the proper means, for if disease in them, be not wholly prevented, it will at least contribute very greatly to their preservation. My practice has universally been, where the teeth are crowded, to extract the right and left superior bicuspides, which make ample room for the remaining teeth to take their places as nature designed; the same operation is applicable tc the teeth of the inferior maxilla, and should be performed between the ages of eleven and sixteen, as at a later period, they will not do so well. If patients object, as they sometimes do, to

the extraction of teeth under these circumstances, it will be well to explain to them the nature of other serious diseases which often result from a crowded state of these organs. Behind, the irritation from this cause, may induce swelling, vascularity, and ulceration of the mucous membrane, with attacks of troublesome and even dangerous Cynanche. In front, crowded incisors induce abscess, not only of the soft parts, but freqently of the bone.

The second indication is as to cure, and this is abundantly simple. When caries has made its appearance in a tooth, there is nothing that will arrest its course, but the complete excision and removal of every atom of morbid matter. The operative procedure required in these cases is familiar to every practical dentist, and need not be detailed; two errors are to be avoided; 1st, much violence which may entail unnecessary loss of substance; and 2d, a neglect to penetrate every part of the cavity, and remove every part of the diseased bone. When this has been satisfactory effected, the cavity is to be wiped perfectly clean and dry, and accurately filled with suitable pluggings of pure metallic gold foil. This restores the functions of the organ, and interposes an obstacle to the influence of those causes which produce and perpetuate the disease.

ART. V.—*On Nitric Acid in the Treament of Asthma.* By T. S. Hopkins, M. D., Waynesville, Geo.

Since the spring of 1847, I have prescribed nitric acid in seven cases of asthma, with the most satisfactory and gratifying results. I was led to prescribe the acid in consequence of its accidental administration to a child, suffering from asthma, under the treatment of a highly esteemed medical friend in an adjoining county. The child rapidly recovered. He informed me of the fact, and I determined to test its virtues when an opportunity offered. In a disease of such protean form, resisting, as it often does, the best directed treatment of those who have grown gray in the pursuit of onr time-honored profession, I deemed experiment justifiable, particularly when it could result in no harm to the patient. As to its *modis operandi*, in the cure of asthma, I have nothing to say at present. I submit the question to those who have a better knowledge of the pathological condition existing in that disease than I profess to have. *My* knowledge of the efficacy of the remedy, is based upon facts which I feel assured will convey to the mind of any one who may be disposed to give it a trial, the most incontestible proofs of its *decided* utility. I send you the following cases, with their history, as collected from the patient himself, the pareut or the master. Cases 1st and 7th were attecked with asthma, on being removed to the "lowlands," the one being free of the disease during a period of two years, the other twelve months.

Could this be considered a *relapse*, or was it not *asthma*, produced, in these cases, by those causes, which would have caused the disease in those who had never labored under it before; such as a humid atmosphere, with exposure to heavy fogs, walking bare-footed upon wet, low ground during the day, and sleeping with cold, wet feet at night.

Case I.—Emma, negro girl, aged seven years, belonging to Mr. T. G., had been asthmetic for the last three years. At night she suffered much from dyspnœa and cough. Slept but little. During the day, there was an ameliaration of her sufferings, though she was never entirely clear of *dyspnœa*.

I ordered five drops of nitric acid, three times daily, in a wine glass of sweetened water. I did not see her again until a half an ounce had been taken. Every symptom ef the disease had disappeared. I saw this patient in January, 1848. She continued well until last winter, when she had a return of asthma, which lasted a few days. Since that time, she has shown no symptoms of the disease. A short time previous to the last attack, she had removed to a *low* swamp plantation.

Case II.—Doctor, negro girl, aged six years, belonging to Mr. W. D. T., had been asthmatic from birth. Her father had suffered long and severely from the same disease. Prescription as in case 1. The disease rapidly disappeared; and although two years have elapsed, there has been no return.

Case III.—Myra, girl, aged — years, property of Mr. W. S. T., had had asthma twelve months. The acid was ordered in doses of four drops, three times daily. A speedy recovery followed. I saw this case with case 2. She has continued well ever since.

Case IV.—I never saw this patient. Twelve months ago, Mr. C., of Camden county, called upon me for a precription for a negro girl, aged eight years, who had been suffering from asthma for a long time. I recommended the use of the acid, as in case 1; stating that I should charge him nothing for the advice. This gentleman's brother informed me, a few weeks since, that the child was rapidly *cured* by my prescription, and had continued well since.

Case V.—W——, aged seven years, a son of an estimable friend and planter. This was the most severe case I had ever seen. The nightly paroxysms of dyspnœa and cough were most alarming and distressing, frequently threatening immediate suffocation. He had been treated by the most skilful physicians, in vain. I freely and unhesitatingly expressed my doubts as to my ability in relieving this case. The acid in doses of five drops, was prescribed, three times daily. In a week, there was a decided improvement. In a month he was *cured*. Two years have elapsed, and he continues *well*. The father of this boy died during the summer of '49, of phthisis pulmonalis. His mother presents the symptoms of incipient tubercle, and his brothers and sisters, without exception, have been the subjects of ulcerated sore throat.

Case VI.—Mrs. C——, aged fifty, a resident of middle Georgia,

She spent the summer in this place, when I was called to see her. Fifteen years ago, she had hydrothorax, from which she suffered long, and came near dying. She, however, slowly recovered, and after a few years interval of apparent good health, she was attacked with asthma. The attacks were periodical, lasting about a week, and were distressingly severe. She had tried a little of every thing. I recommended the acid, in doses of 10 drops, three times daily. Immediately after, she left for her home, and I heard nothing of her until a month since, when I received, through a friend and relative of her's, the gratifying intelligence, that the remedy had put a speedy stop to her sufferings, and she was then well.

Case. VII.—Was a negro woman, some fifty or sixty years of age, belonging to Mr. R. H. She had been asthmetic for many years. The usual remedies had been administered in vain. I prescribed the acid, as in case 6. I prescribed for this case twelve months ago, and heard nothing of her until during the past week, when Mr. H. informed me that she was speedily, and as he thought, permanently relieved, under my prescription; but upon removing her to the low lands, a few weeks since, she was exposed to a shower of rain, and the disease returned.—*Charleston (S. C.) Med. Jour. & Review.*

ART. VI.—*On the Styptic Properties of the Oil of Turpentine.* By Dr Wm. Budd.

Dr. Wm, Budd. physician to the Bristol Infirmary, highly extols the styptic properties of oil of turpentine, and states that he has met with three cases recently in which hæmorrhage was speedily arrested on the administration of oil of turpentine after other medicines had failed. Dr. Budd awards the merit of this discovery to Mr. James Yonge, an eminent practitioner, who lived in Plymouth in the time of Charles the Second, who made his observations public in a pamphlet bearing the quaint title of "Currus Triumphalis e Terebintho."

The next testimony quoted by Dr. Budd, is that of the illustrious John Hunter. Speaking of styptics generally, Hunter says:—"A dossil of lint, dipped in oil of turpentine, after having first wiped the wound clean, in order that it may reach the vessel, is the best, and may be renewed pretty often. I have seen it immediately stop vomiting of blood from the stomach, after all other means had failed, given internally, with the white of egg, as often as the stomach could bear it. In external hæmorrhages, where it had not the desired effect applied externally, I would give it internally. *It is the best, if not the only true styptic.* Thus, in a case of nasal hæmorrhage, which nothing would stop, I gave ten drops of oil of turpentine, in a draught, aud repeated it in two or three hours, which entirely stopped the bleeding in less than twenty-four hours, and it never returnod."

These are very remarkable words. They are the words, too, of a man of genius; of a man who was particularly cautious of committing himself to any rash statement; and they refer to a matter on which it

is obviously easier to collect evidence free from ambiguity, than on almost any other connected with the practice of our art.

The testimony of Mr. Vincent, late senior surgeon to St. Bartholomew's, is to the same effect, and equally strong. After making some observations on the subject of the hæmorrhagic diathesis, this experienced surgeon goes on to say:—

"A most desirable object would be obtained by securing some remedy that would alter this peculiar disposition to bleed, and arrest the loss of blood, so that it may not continue to endanger the life of the patient. I have so invariably found turpentine infallible in effecting this intention, that it may, I think, be depended upon as a most valuable remedy.

"Some years ago, a youth was brought to me who was passing blood in his urine. I ordered some draughts, with a few drops of oil of turpentine. The bleeding quite stopped before the end of the second day, and did not return. About a twelvemonth afterwards, he was brought to me, having cut his finger slightly. It had continued bleeding for some days. I gave him turpentine again. It stopped in a day or two. Not long after, he came a third time to me. He had had a tooth extracted, and the gum had been bleeding for several days. The turpentine was had recourse to, and the remedy soon acted in the same sanitary way. I have several times been called in on account of hæmorrhages where teeth have been extracted, and have never seen the turpentine fail in this or other cases of hæmorrhage."

The reader will not fail to remark that the evidence which has now been laid before him not only tends to show that oil of turpentine is possessed of styptic powers of a high order, but that, if this evidence be good, these powers are effectual in issues of blood from sources the most various, and arising from causes the most diverse. Tuberculous hemoptysis, nose-bleeding, hæmatemesis, purpura, and traumatic hæmorrhage, have little else in common beyond the fact of an unnatural escape of blood from its vessels. The effects of turpentine in purpura. therefore, are most probably directed against not purpura as purpura, but against purpura as hæmorrhage. Bearing this in mind, I beg it to be also borne in mind that, in the case of M. A. Riley, not only did the bleeding from the kidney cease immediately after its administration, but that from the intestine also, as well as the tendency to extravasation from the vessels of the skin.

Another very important fact, that would also seem to be estalished by this evidence, is that turpentine is even more effectual in arresting hæmorrhage when directly applied to the bleeding surface than when it is given internally. From these facts, taken together, the inference would seem to be pretty secure that its virtues as a styptic must depend on its exerting some direct influence on the contractile power of the blood-vessels. In the elementary nature of such a property, seem to find the best, and indeed the only, plausible explanation of the equal efficacy of this medicine in restraining bleeding under such a great variety of pathological conditions. In the adoption of this view, we also obtain, if I mistake not, the best guide to the cases in which its administration is most likely to be successful. They are, on the one hand, the great group of hæmorrhages, which are generally charac-

terised by pathologists by the epithet, *passive;* and, on the other, those in which, in addition to its general action, the remedy comes into direct contact with the surface from which the blood is issuing. I have had no experienee of its effects in hematemesis, arising from simple ulcer of the *stomach*, but, from what we witnessed in the case of our patient's *mouth*, I can readily believe that Dr. Seymour is right in the conclusion to which he has come, that in that disease it not only tends to stop the bleeding, but also promotes the healing of the sore,

In what are called active hæmorrhages, it would not seem to be so suitable a medicine. We must not, however, be hampered by definitions like these in cases where life is threatened. Cases of hæmorrhage are cases in which, beyond all others, the nice distinctions of pathology have to give way before the great emergencies of practice.

In the treatment of uterine hæmorrhage, whether occurring in connection with parturition or not, the employment of turpentine, both topical and internal, admits, I have no doubt, of much more extensive application than it recives at present. Of its great use in severe menorrhagia from common causes I can speak from my own experience; and in the Provincial Medical and Surgical Journal for the present week, Mr. Griffiths of Wrexham, gives a series of cases, from which it would appear that, in the dose of half an ounce or an ounce, repeated once or twice, according to circumstances, this medicine often succeeds in arresting at once the flooding which is apt to occur after delivery, and which is sometimes so appalling.

In common cases, such as those of purpura, for instance, where time does not press, I have found doses varying from ten minims to half a drachm quite effectual; but in cases of rapid loss of blood, where, as sometimes happens, every minute is of importance to life, it is better to give half an ounce or an ounce at once, to be followed up by smaller doses at shorter intervals.

I should mislead you were I not to add, before concluding, that the use of this medicine is not without its drawbacks. Few great gifts come to us without alloy, and turpentine is no exception to the rule. In the first place there are few drugs more repugnant to delicate stomachs. In many, it excites vomiting; in others, it causes painful stranguary; and the irritation of the urinary argans is sometimes so great that blood is passed with the urine.

Some of these evils may, however, be avoided, or much diminished, by adopting a particular mode of administering the medicine. Thus, I have found that the addition of half a drop or a drop of creasote to each dose almost entirely covers its nauseus taste, and prevents the risk of sickness. Creasote itself is not, it must be owned, the most palateable of drugs, but neither is it nauseating. Ten or twenty drops of spirit of rosemary will help to make the prescription less disagreeable; and of the different vehicles proposed for keeping the turpentine in suspension, I think you willl find common mucilage the best.

The inconvenience arising from the risk of strangeary is not so easily obviated. Something, however, may be done to diminish it by causing the patient to take freely of diluents pending the employment of the medicine. After all, it is well to know that this accident is not a serious one. However severe the irritation may be, it speedily sub-

sides on suspending the treatment; and, as far as I know, it never leaves any permanently bad effects, even when it has gone on to bloody urine.—*Am. Jour. Med. Sci., Oct.* 1850, *from Med. Times.*

ART. VII.—*Cantharidal Ether, and some Vesicant Preparations of of Cantharides.*

By leaving cantharides with a small quantity of sulphuric ether, a green liquid is obtained, very rich in cantharadine, which easily combines with resins, fats, or collodion. M. Oettinger, of Munich, proposes to employ this, in various forms, for producing vesication.

Cantharidal Ether. This is formed by digesting one part of coarsely powdered cantharides in two parts of sulphurio ether, for three days, and expressing. The ether is charged with cantharadine, with a green oil, and with a yellow wax-like matter. When applied to the skin with a camel's-hair brush, the cantharidal ether produces abundant blisters, in one or two hours in children, and in three or four hours in adults.

Cantharidal Taffetas and Paper. A double layer of aqueous solution ot ising glass is spread on silk, or paper; when this is quite dry, the following is applied: cantharidal ether, sulphuric ether, of each four parts; turpentine, colophony, of each one part. A brush dipped in this is passed over the prepared material twice, with a short interval between the applications, and always in the same direction. After twenty-four hours, a third layer is applied; and, at the end of a similar period, a fourth. After some days, a layer of isinglass is applied. At the time of application, a wet rag is passed over it to remove the gelatine.

Cantharidal Ointment This is prepared with equal parts of cantharidal ether and lard. It acts intensely on children, after being rubbed in two or three times, and being applied for two hours.

Cantharidal Collodion. M. Oettinger prepares this by mixing equal parts of cantharidal ether and collodion.—*Lond. Jour. Med.*, Nov. 1850, from *Bulletin Generale de Therapeutique*, 30 Sept. 1850.

ART. VIII.—*Surgical operations in reference to the employment of Chloroform.*

M. Boyer considers that surgical operations, in their relation to chloroform, may be thus arranged:

1. Those in which it is a powerful auxiliary, facilitating their execution, as in the reduction of dislocations and strangulated hernia.

2. Those which are exceedingly painful, in which chloroform diminishes suffering, but does not render the operation more easily executable. They are very numerous, and this is the only point of view in which the public regards the advantage of anæsthetic agents.

3. Those in which it had become an obstruction or preventive to

their execution. Thus, a patient of M. Boyer, on whom he was operating for lithotrity, became so restless under chloroform that he could not continue until the anæsthetic influence was withdrawn.

4. Those in which it may prove dangerous, as in cataract. So, too, in tedious and delicate operations performed in the vicinity of important organs; as, for example, ligature of the carotid, during which any indocility of the patient might lead to the wounding of important veins, and in some of the cutting operations in the mouth.

5. Those of a trivial character, in which chloroform is a superfluity, as the slight advantage obtained from its use does not generally compensate for the disagreeable effects produced by the inhalation, such as the smell, headache, and the kind of intoxication that results.

6. There are certain contra-indications to its use in all cases, as acute or chronic affections of the brain, liability to cerebral congestion, great debility, &c. Its employment must, therefore, not be regarded as a mere matter of course; and surgeons in order to prevent abuse, may often have to discountenance it.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1850, from *Gazette des Hopitaux*, No. 51.

ART. IX.—*Origin of the Epigastric and Obturator Arteries by a common trunk from the Internal Iliac; with an inquiry into the amount of danger occasioned by various positions of arteries in the ordinary operations for Femoral and Inguinal Hernia.* By P. Redfern, M. D.—[*Monthly Jour. Med. Sci.*, Sept. 1850.

In this interesting paper, the author, after describing a case met with by him, in which the epigastric and obturator arteries arose by a common trunk from the internal iliac, and to two similar cases, one recorded by Hesselbach, and the other by Dr. Monro, discusses the surgical relations of these deviations.

He reviews, 1st, those variations of position in which a vessel of considerable size appears likely to be exposed to danger in the performance of ordinary operations, and the frequency of like positions; 2d, in which proportion of such operations vessels of importance have been injured in actual practice, and 3d, the probable result of future cases of injury to those vessels, by a reference to the termination of those which have already been made public.

The conclusions which Dr. Redfern draws from his investigations are:—

1st. In every possible variety of inguinal rupture, the stricture ought to be divided directly upwards, as by so doing there is not the slightest risk of hæmorrhage.

2d. The probability of the occurrence of hæmorrhage is much greater in operations for femoral than for inguinal hernia, as the epigastric, obturator or internal circumflex artery may be divided in exposing the sac; and the obturator, epigastric, or a large anastomosing branch, may be injured in the division of the stricture.

3d. The varieties in the arteries named are sufficiently frequent to

render them of great surgical importance, and that variety is most important in which the vessel is displaced inwards, by the descent of a femoral hernia, and becomes tensely stretched over the front and inner side of the neck of the sac.

4th. The risk of hæmorrhage is not lessened by dividing the stricture of a femoral hernia in any other direction than inwards or upwards and inwards, but it is very much diminished by dividing as few of the tense fibres of the edge of the ring as possible, by avoiding a sawing motion, and by pressing the edge of the knife rather upon the anterior surface than directly on the edge of the fibres constituting the stricture.

5th. In a male, whose testis has passed into the scrotum, the spermatic artery may be wounded, and the testicle lost, by dividing the stricture at the neck of the sack of a femoral hernia upwards, and, therefore, this method of operating ought to be relinquished.

ART. X.—*Infantile Convulsions Treated by Ice to the Spine.* By R. B. Todd, M. D., F. R. S., Professor of Anatomy and Physiology, King's College, &c.

[We need not remind the practitioner how necessary it is to keep in view correct principles in the treatment of convulsions, which are symptoms of disease, and not the disease itself. It is particularly necessary to ascertain their cause. Convulsions cannot occur without some affection of the medulla oblongata, or spinal cord. direct or indirect. The irritation or disease may be either in the brain itself or in some remote part, as in the gums from teething, or in the bowels from a variety of causes. The child which gave rise to the following observations of Dr. Todd, was convulsed before admission into the hospital. When admitted, the following were the symptoms:]

Total absence of consciousness; powerful convulsive twitchings of the flexor muscles of the right side, and also of the muscles of the face on the same side; internal squinting; pupils natural; respiration heavy and difficult; deglutition impossible; action of the heart very rapid. Such were the symptoms, they were symptoms of irritation, And the first inquiry of the medical man should be, What is the cause of the irritation?

[The convulsions continued in spite of the usual treatment. The gums were freely lanced: the warm bath, a turpentine enema, cold to the head, leeches, &c., were in vain tried. Mr. Pincott, the resident assistant, then suggested the application of ice to the back of the neck and spine, "with the view of calming, by the sedative agency of cold, the irritable state of that portion of the cerebro-spinal axis which he rightly judged to be affected, the medulla oblongata and spinalis." The happiest results followed:]

Ice was applied in an ox-gullet along the course of the spine, extending from the occiput to the sacrum. Immediately on its application, the breathing became easier, the child sighed several times, the pulse fell rapidly, and in ten minutes the convulsions had entirely

ceased. Consciousness was not immediately restored, but as soon as the convulsions were over, the child fell into a sound sleep. Next morning the child was quite conscious, but irritable: he was freely purged with a little calomel and jalap, and left the hospital quite well on the fourth day from his admission.

The result of this case was highly satisfactory, as affording a clear example of the good effects resulting from the sedative influence of cold. He would, however, impress upon them that an application thus made to the region of the irritated nervous centre was not likely to be useful, if the original irritant was not removed or diminished; and therefore, it would not have been good practice to have applied the ice, unless the gums had been previously freely scarified, and means used to clear out the bowels.—*London Lancet.*

ART. XI.—*Croton Oil in Tic-Douloureux, &c.* By J. A. Easton, M. D., Professor of Materia Medica, in Anderson's University, &c., Glasgow.

[A good deal has been written of late concerning the efficacy of this drug in different nervous affections. In article 11, Retrospect No. III, will be found an account of the experience of Dr. Newbigging, of Edinburg. Sir Charles Bell, we believe, was the first to point out its efficacy in tic-douloureux. In his "Practical Essays," he makes the following remarks on this remedy: "Reviewing my experience, I am borne out in believing that the disturbed function of particular parts of the intestinal canal gives rise to pains, differing in their apparent places according to the portion of the canal irritated. Here, I conceive, there is a wide field for inquiry. If the intestinal canal is estimated at seven times the length of the body, and if it be also acknowledged that the different portions of this long tract of mucous membrane, perform distinct offices, and are subject to different influences, there is nothing to repel the idea, that these portions, being in a state of disturbance and irritation, shall produce a variety of symptoms, especially differing in their apparent locality. And this view is countenanced by the effect of medicine. We can throw the influence of evacuants on the different portions of the canal, affect the stomach, the duodenum, the long intestine, the colon, or the rectum. Thus is each portion of the intestine proved to be distinct in office, and to possess distinct affinities. It is on this principle that we ought to pursue the inquiry—*first*, on what part of the extended canal does this secret disturbance fall; and *secondly*, what form or combination of medicine shall especially touch or influence the part affected? We have an instance in the effect of the croton oil. Let us not call it a specific, but seek for other remedies on a just and scientific principle." —(*London and Edinburgh Monthly Journal of Med. Science, Feb.* 1832 *p.* 155.) In article 18. of Retrospect No. IV., Mr. Cochrane, of Edinburgh gives an interesting account of its efficacy in other nervous affections, to which we advise the reader to refer; and in this article a good case is given by Dr. Easton of Glasgow, where its efficacy in tic-douloureux was remarkable. He relates the case as follows:]

Pain, represented as excruciating and darting, is experienced at stated periods in the left side of the scalp from forehead to vertex, while pressure on the trunk of the left supraorbital nerve augments his sufferings to an almost intolerable degree. The headache commences about five in the afternoon, and continues without intermission or abatement for fourteen hours, during which the patient is so distractedly agonised that he feels a strong desire to dash his head on the wall, or any other solid body that is within his reach. His friends state, that at this period he is slightly incoherent. With the termination of the dreaded fourteen hours, return tranquility of mind, and alleviation of pain. The bowels are regular, the pulse is 80, the skin cool, the tongue whitish; but it ought to be mentioned, that when these observations were noted, the headache, though severe was comparatively tolerable. The following was ordered:

R Croton oil, gtts, ij; Compound extract of colocynth, gr. xij.
Make into four pills, of which let one be taken every two hours.

On the next day (the 11th,) the headache was greatly relieved, though by no means removed. The medicine, to use his own language, had produced "above forty stools" of a yellow color and most offensive smell. The urine greatly increased in quantity, and of a deep red color. Desirous to follow up the success which had been evidently obtained, I ordered the pills to be repeated; but the severe purgation which they had induced formed an obstacle to their administration, which neither argument or entreaty could overcome. Under these circumstances the treatment first adopted was abandoned.

[But the pain soon returned with equal violence, notwithstanding the exhibition of arsenical solution (eight drops increased to ten drops) three times a day. The croton oil was ultimately tried again as follows:]

R Croton oil, gtts. ij; Crumb of bread, q. s.
Make into four pills; one to be taken every three hours.

15. Pain of head did not return until five hours after the usual period, and when it did commence, was less severe; alvine evacuations frequent, but neither so copious nor so offensively fœtid as formerly, and of natural color; urine greatly increased in quantity. Continue the pills.

16. Had only four hours of pain which was moderate and tolerable: alvine evacuations abundant, but not profuse; no note of state or amount of urine. Continue the pills.

17. Has had no headache since the last visit; slept well last night, and is refreshed, composed and cheerful. Take one pill night and morning.

18. No return of headache; feels perfectly well, and is anxious to resume business. Pills produced no greater action upon the the bowels than what an ordinary laxative might have supposed to have induced.

24. Continues free from headache up to this date.

[This patient had had recourse to severe purging before taking the oil, but had experienced no particular benefit, so that we may sup-

pose that there is some specific virtue in the medicine independent of its purgative qualities One circumstance is generally noticed during its exhibition, namely, the urine is increased in quantitity, and is evidently denser than usual, and the alvine evacuations are of a yellow color and most offensive smell.]

Now these are precisely the more important physiological actions of *colchicum autumnale*, so valuable an agent in articular rheumatism, to which, in my opinion, neuralgia bears a strong resemblance. The seat of this latter ailment is, I conceive, in the fibrous neurilema, while under the influence of that modified form of inflammation which set up in the fibrous structures of the joints when they are attacked with rheumatism. Not only does identity of tissue support this view of the pathology of the disease, but similarity of symptoms also, particularly the characteristic tendency in both maladies to periodical exacerbations and to intervals of comparative repose. Dr. Lewins at Leath, has demonstrated from chemical analysis, that by the exhibition of the meadow-saffron the specific gravity of the urine occasionally rises from 1.000 to as as high as 1.037; and that the cause of this increased density is the augmentation of urea and of urate of ammonia, results which Dr. Lewins tells us have been verified by Professor Chelius of Heidelberg. By the influence of colchicum also, as well as by that of croton tiglium, the alvine evacuations assume a bright yellow color, the liver being stimulated apparently through the duodenum, in accordance with the physiological law, that when a membrane is irritated on which an excretory duct opens, tho gland from which that duct proceeds is excited to unusual secerning activity. Can it be, then, that the croton tiglium is similar in its action to the colchicum autumnale, and that it does good in tic-douloureux by inducing the same effects that colchicum does when it alleviates the sufferings of the gouty and the rheumatic—by eliminating urea and uric acid salts through the urine when these highly nitrogenous productions of the blood are in excess, and thereby the sources of constitutional irritation, and also by causing a supersecretion of bile? We know that colchicum is an invaluable remedy in fibrous or articular rheumatism; and if I am correct as to the pathology of neuralgia, and if croton oil is beneficial in that disease, is it unreasonable to suppose that two remedies which cure similar complaints should do so in a similar manner?—*London Lancet.*

Editorial and Miscellany.

DR. DOWLER'S RESEARCHES UPON THE NECROPOLIS OF NEW ORLEANS.

It gives us pleasure to acknowledge the receipt, during the past month, of a pamphlet of thirty pages, containing some interesting investigations into the Necrology of the great emporium of the South. The distinguished author of these researches has established a character for boldness and originality in various contributions to physiological science; and, whilst his sentiments and style possess a certain amount

of novelty and eccentricity, his enthusiasm and firmness entitle his opinions to respectful consideration. Nothing connected with the climatic influences of any portion of the United States, can be uninteresting to the American citizen; impelled by the spirit of enterprise, that has established a character for ubiquity, to traverse every portion of our vast domain, he is immediately interested in all these inherent or incidental peculiarities, which, in any region, may affect his health or his pursuits. In addition to these general considerations, the South has an especial interest in the minds of our northern invalids; to this region they turn, when all hope of longer bearing up under the frigid storms of our latitude has fled, and beneath its sunny skies, and fanned by its gentle gales, they anticipate the return of blood to the pallid cheek, and strength to the withered limbs. There have been many thousands of this unfortunate class, who have torn themselves from their native land,—from the scenes of childhood and the care and attention of kindred and friends, in search of the precious boon of health in a southern climate, in the bright expectation of a blessed reunion in the home circle, after a brief sojourn there, had chased away the melancholy pallor, and the hectic flush. But alas! with their dying bodies, these hopes have gone down to the grave, made by a stranger's hand, and unbedewed by the tears of sympathy or love. To all such,—and there are many,—we commend the facts contained in Dr. Dowler's pamphlet. The information it contains, is intended as a reply to the report of the Board of Health, and is designed to prove, contrary to what that report asserts, the salubrity of New Orleans. The acerbity of feeling displayed by the Doctor is scarcely compatible with the spirit of science; still the facts are valuable; and to give those of our medical brethren, who persist in sending their patients to the South, a subject for useful reflection, we will advert to them.

The great object of Dr. Dowler's paper is to show, that the extraordinary mortality of that city, is principally derived from the floating population, and that the announcement of the Board of Health, that "the mortality is unquestionably great," can apply only to strangers and transient citizens.

Whilst the Doctor combats the conclusion of the board, however, he admits its facts, and these show, that in 1849, the mortality for the whole city was 9,862 of which number Louisiana and New Orleans furnishes less than one in every twelve, the residue, or 9,040 being foreigners and citizens of other portions of the United States.

In 1849, the total number admitted into the Charity Hospital of New Orleans, was 15,558; of this number, 1782 were from the different States of the Union; 13,776 foreigners, and only 147 from all Louis-

iana. The deaths in the institution, during the year mentioned, were 2,739, or 17½ per cent., and Doctor D. remarks, that, "reasons could be adduced, rendering it probable that Louisiana did not furnish an average mortality half as great in the 100, as foreigners."

In the statistics of the Charity Hospital for twenty years, ending in 1850, we find there were 123,917 admissions; of these there were 1283 Louisianians, or a little over one in a hundred. The usual estimate is, that the other hospitals and private cases in the city, exceed those of the Charity Hospital in the ratio of two to one; on this basis the last twenty years would give 321,917 cases of sickness, of which, preserving the proportion, 3,879 would be Louisianians, and more than 328,038 natives of other climates.

In 1841, there were in New Orleans, 1800 deaths from yellow fever;—to this number Louisiana and its cities contributed but eight.

The conclusions resulting from these facts, are confirmed by Dr. Dowler's necrological investigations. For ten years he has walked amongst the tombs, and gathered from this "Aceldama" of the South, the mortuary records of the Crescent city. After alluding to the method of burial, and the constancy and accuracy of monumental inscriptions found in the various cemeteries, he observes,—"these necrological monuments, which necessity, pride, interest, and affection have reared, and which will augment from generation to generation, must hereafter prove more useful to the vital historian, than the pyramids of Egypt, or the countless millions so carefully embalmed and deposited in the catacombs of that country, forty centuries ago." It is upon the monumental evidences thus afforded, that this monograph relative to the salubrity of the city, and the length of life compared with other places, is based. This method of calculation, is, however, as the writer admits, liable to many objections, besides the influence of certain dynamical laws of population, pertaining to the geographical distribution of ages, which, in the United States, must exercise a controlling influence over it's results. Admitting the necrological inscriptions in the various cemeteries of New Orleans to be, to some extent, illustrative of its vital history and sanitary perturbations, let us examine the facts which the Doctor's investigations develop. These facts were gathered from personal inspection of the inscriptions in the cemeteries of New Orleans, and ascertaining therefrom "the ages of a great number of persons buried therein, taken without picking or selection, in series of thirty each, always in different, often in remote part from the preceding series, and continued from week to week until a sufficient number of data had been accumulated for numerical analysis." The result of 136 observations in the old Catho-

lic cemetery, in series of thirty each, gave, for the first series, an aggregate of 1474 years; the second, 1517; the third, 1381; the fourth, 1313, and the fifth, 852, making a total of ages of 6537 years, and a mean life of 48 years to each person. Nearly all the burials in this cemetery are of native or acclimated citizens, and without giving the necrological statistics of the other cemeteries, we will say that this average life, is more than 21 years over the mean of the Hebrew cemetery; 20¼ over that of the Bayou; 17¼ over that of the Protestant; over that of Lafayette City, 27⅓ years. These latter cemeteries, especially those which exhibit the greatest disparity in the mean duration of life, contain a preponderance of unacclimated citizens in their vaults; and with a melancholy eloquence proclaim to the invalid in other parts of the world, that health and life are not to be found in the city or climate of New Orleans.

We greatly regret that our limited space does not enable us to follow Dr. Dowler in his extensive and highly interesting investigations. We have briefly glanced at some general results, calculated to establish an opinion we have long entertained, that a change from one extreme of latitude to another is in no way promotive of health,—an opinion founded upon the many modifications in the intellectual and physical condition of the human race, which climatic influences are known to produce. But independent of any inherent influences of climate, operating directly upon the vital organism, there are certain contingent or incidental circumstances, which should be taken into the account. The saying, that those who change their climates, do not change their inclinations, involves a principle not duly appreciated by those who escape from the frigid regions of the north, to find, beneath the burning sun of the tropics, the blessing of health; and the invalid, accustomed to fortify himself against the frost and storms of his northern home, within his casements of woolen cloths, and to maintain the temperature of the frame by a diet of animal and stimulating substances, is too apt to carry with him the habits and appetites thus created.

But Dr. Dowler, both by his extracts from the report of the board of health, and his own graveyard statistics, has vindicated the claims of New Orleans, to unparalleled salubrity *as far as its native citizens are concerned.* From these statistics it seems that New Orleans is richer in centenarians, than any other city in the world, and that the average life of its own citizens is greater than is any where else to be found. Infantile mortality is likewise less, whilst the vigor and energy of maturity is claimed to be equal. But the same arguments which controvert the "self-damnatory opinions against the climate of

that city," promulgated by its board of health, clearly show that in no portion of the earth do strangers find a readier grave; and the facts stated in this monograph, explaining a mortality which is proverbial throughout the world, upon the principle that stranger's constitute almost exclusively the victims of the "winged skeleton who carries the scythe," should deter the trembling invalid from entering upon this distant journey to the grave. To all those in our own delightful latitude, who cherish this illusion, we would say, in the language of a learned and venerable writer, that either extreme of climate is unfavorable to the full development and vigorous display of man's powers. In the temperate latitudes of the globe, physical energy, mental power, and the attributes of genius have their fullest development; and here too

"By various sports
O'er hills, through vallies, and by river's brink,
Is life both sweetened and prolonged." S.

DR DAVIS' HISTORY OF MEDICAL EDUCATION AND MEDICAL INSTITUTIONS IN THE UNITED STATES.

We acknowledge the attention of the author in sending us a copy of this work. Having seen notices from time to to time, that such a publication was forthcoming from the Chicago press, we had prepared ourselves in a becoming way to greet its appearance. Our pride as a western physician received much encouragement from the reflection, that the first complete history of the medical profession was about to emanate from a western press. Not that we desire to prescribe boundaries to the republic of letters, but to pull them down,—to show our eastern friends that their attempt at scientific monopoly was not to be prosecuted with impunity, and that there were men,—at least *one* man in the west,—who could vindicate its claims to scientific consideration by making a contribution to medical literature so desirable and important as a "Complete History of Medical Education." It is true we had some fears that the learned author's eccentricities of genius might occasionally exhibit themselves upon his page, and that the enthusiasm which is so common to eminent reformers, might affect his style; yet as he had so early secured a copy right, and thus convinced us of his own high appreciation of its historic merits, we were justified in preparing a brief eulogium upon the performance.

But the brightest hopes seem only born to die, and to this sad doom our own exciting expectations in reference to this "history," must be

consigned. We do not speak so particularly of its intrinsic merits; these admit of no discussion. It is in reference to the influence of the work upon the minds of our eastern brethren, who have heretofore shown themselves so uncharitable to our scientific pretensions. We had hoped this work would not only vindicate our claims, but stop a discussion which does so much violence to our fraternal feelings. If this had been the case, what a change would have been brought about in the scientific aspect of the North American continent! Instead of the flocks of western students now annually going to the east, the tide would be turned to the west. Keokuk and Chicago, instead of Philadelphia and New York, would become the theatre of splendid medical and surgical achievements; and ever and anon, occupying some prominent page in the scientific Journals of the day, would have been seen under the blazing caption of "Professor ——— Clinique," at Keokuk or Chicago, (as the case may be) the history of a toe amputation, or an incision into a boil upon the shin. We know that this aspiration was quite as much in the way of the author, as of ourself; for, like us, he is a professor in a Western Medical School, and prides himself upon his professorial robes. It is true that Rush College is upon the confines of civilization, as our eastern neighbors think, and Chicago is not as large as Philadelphia, or Philadelphia as large as New York; but the mighty West—the mighty West—what will become of it!

But we said our hopes had perished—miserably perished. This is true; for no sooner had we become happy in the anticipation we have expressed, than our mind was overcast with gloom by a criticism upon this "History of Medicine," from our friend, Dr. Purple, editor of the New York Journal of Medicine. As this species of composition does not admit of division, we will give the comment entire; only saying, as all our friends must say, that we shall now despair of any effort, however profound, or any western achievement, however grand, conciliating the feelings of the eastern press.

If, however, other Medical Journals along the Atlantic coast, shall see fit to reverse the decision of Dr. Purple, and for the sake of union and harmony between the East and West, unite in sustaining this "history," we shall not recede from our first intention to make this effort of Dr. Davis, the special object of some future notice. For the present we drop further notice by introducing to our readers Dr. Purple, of New York. S.

"The title of this work sounded so well in our ears, that we read it through from the beginning to the end. Having done so, we confess

ourselves to have been greviously—most grieviously disappointed. It is not what the title would indicate, or what we expected. Instead of being a fair and impartial history of what has been done in medicine in this country, it appears to us to be really nothing more than a tirade against quackery, and the various quackish practices which the author supposes to exist in our Medical Colleges. We shall, for a moment, glance at its contents. It consists of four chapters. The first is a "History of the Medical Profession and Medical Education in the British Colonies of America, from its first settlement to the achievement of their independence." This chapter occupies forty-eight pages, and is the only part of the work which has any pretensions to historical research. On looking over it, however, we find it nothing more than a crude compilation, altogether drawn from the writings of two or three authors, who have taken the trouble to give us full and elaborate accounts of this period of our medical history. Dr. Davis has not added a single new fact, as far as we can see, and the jumble and errors of names and dates is such as to show that he is entirely ignorant of the original sources of information. Now and then, indeed, he ventures an expression of opinion concerning a paper or an essay, but it is almost always in the language of some previous writer.

The second chapter embraces the history of medicine in this country from the year one thousand seven hundred and eighty-three, to one thousand eight hundred and six: Here Dr. Davis, having no guide, is completely in the dark. He is like a mariner at sea without a compass, or even a star to guide him. He sees nothing, or knows nothing that the profession did during all this period, and he occordingly winds up a chapter of nearly forty pages, in the following words: "I have not been able to find a single volume on any branch of medical science or practice, published by an American physician, during the first twenty-five years after the close of the Revolutionary war." (p. 82) This is a precious confession for the historian of our profession, and we give him full credit for his honesty! What will the reader think, however, of Dr. Davis' knowledge, or his competency for the task of an historian, when he is told that the period mentioned by him abounds in original publications, and indeed is one of the most interesting eras in the literary annals of our profession? Out of a score of publications which might be mentioned, we select a few as a sample.

Medical Inquiries and Observations. By Benjamin Rush, M. D. Philadelphia. 1793 to 1798. 5 vols. 8 vo.

An Historical Account of the Climate and Diseases of the United States of America. By William Currie, M. D. Philadelphia. 8 vo 1792.

Collections for an Essay towards a Materia Medica of the United States. By Benj. Smith Barton, M. D. Commenced in 1798.

Observations on the Causes and Cure of the Remitting Bilious Fevers, &c. By William Currie, M. D. Philadelphia. 1798. 8vo. pp. 227.

A Treatise on Yellow Fever. By John B. Davidge, A. M., M. D. Baltimore. 1798. 8vo. pp. 65.

Dissertation on Croup. By John Archer. 1798. 8vo. pp. 46.

Letters on Yellow Fever. By RICHAD BAGLEY, M. D. New York. 1798. 8vo. pp. 100.

Memoirs on the Yellow Fever in Philadelphia, &c. By WILLIAM CURRIE, M. D. Philadelphia. 1798. 8vo. pp. 145.

On the Origin of Pestilential diseases. By CHARLES CALDWELL, M. D. Philadelphia. 1799. 8vo.

A Memoir on Goitre, as it prevails in the different parts of North America. By BENJAMIN S. BARTON, M. D. Prof. Philadelphia. 1800. SAO. pp. 95.

Memoir on the Analysis of the Black Vomit, ejected in the last stages of the Yellow Fever. By ISAAC CATAERALL, M. D. Philadelphia. 1800. 8vo. pp. 32.

On Kine Pox, &c. By BENJAMIN WATERHOUSE, M. D. Boston. 1800. 8vo. pp. 40.

On Hydrophobia. By JAMES MEASE, M. D. Philadelphia. 1801. 8vo. pp. 62.

Medical and Physical Memoirs. By CHARLES CALDWELL, M. D. Phsladelphia. 1801. 8vo. pp. 296.

On Vaccination. By JOHN REDMAN COXE, M. D, Philadelphia. 1802. 8vo. pp. 152.

Elements of Botany, illustrated with thirty engravings. By BENJAMIN S. BARTON, M. D. Philadelphia. 1803. 8vo. pp. 552, etc., etc.

These were all strictly *original* in their character, not mere compilations or reprints of foreign books. They related to American subjects, and rose fresh from the medical mind of the country; and yet not one of these appears ever to have met the eye of Dr. Davis!

The third chapter embraces the history of medicine in this country from 1806 to 1850. The whole of this long chapter, (80 pages) relates to the various Medical Societies established in the United States, and gives nothing but a dry, and we should say tedious detail, in relation to their organization, all of which might advantageously have been dispatched in half a dozen pages.

The last chapter is on "the present condition and wants of the profession, and the remedies for those wants." On this chapter we have little to say. It contains nothing but what we have for several years heard iterated and re-iterated from various quarters, until we have become quite tired of it.

In conclusion, we have to say; that if the profession in this country is really in the degraded condition in which it is represented in this work, it will require somebody with more intelligence and ability than Dr. Davis possesses to elevate its character. Dr. Davis may be, and we doubt not is, a well-meaning man; but he was never born to be the SOLON of our profession. Let him study a little more; let him get a little more knowledge in relation to the past and present history of our profession, and then let him come forward and correct its defects. At present, we must pronounce his book a perfect *caricature*, and a *libel* upon a profession, which, notwithstanding all its short-comings and deficiencies (and of these we are fully sensible), is yet eminently respectable.

We have been forced to these remarks from the necessities of the case, and the remembrance of the use which is made abroad of the imperfect histories of the American profession and its literature, written by incompetent persons. We have seen with what eagerness our

brethren across the Atlantic have seized hold of the shameful retrospect of our literature by Dr. Holmes, Chairman of the Committee on Medical Literature for the American Medical Association for 1848, and this, too, notwithstanding the protest we urged in the March No. for 1849 of this Journal, showing the instances repeated and numerous, the inaccuracies and inconsistencies of that "Retrospect"—and we have seen, we continue, the meanness of our calumniators, and are resolved that our approbation shall not be placed upon any thing but the truth, *and the whole truth.*

MEDICAL DEPARTMENT OF THE IOWA UNIVERSITY.

We have received from Iowa City, the copy of a bill, which has recently been passed by the General Assembly of this State, relative to the above Institution. Not having space to insert the bill entire in this number of the Journal, we will content ourselves with a sketch of such of its provisions, as will interest our readers.

The Bill enacts, 1st, That the College of Physicians and Surgeons, located at Keokuk, shall constitute a constituent part and department of the Iowa State University, with a full participation in the benefits and privileges pertaining to that Institution.

2. That the Medical Board shall have power to pass such by-laws, make such regulations, and perfect such organization, as may be necessary. That they shall have full power to confer the Degree of Doctor of Medicine, upon such individuals as they may deem worthy.

3. That the Diploma of the College of Physicians and Surgeons of the Iowa University, shall be a licence to practice Medicine, Surgery and Obstetrics in Iowa.

This law, intrinsically of great importance to the Medical College of this State, indicates the intention on the part of our Legislators to protect the interests of our Institutions of learning. It distinguishes our own graduates in our own State, and gives them some important legal immunities over those who leave the State, to encourage Institutions abroad. This is right, for if the State, animated by an enlightened and liberal policy, endows and fosters the important interests of medical science by pecuniary appropriations, it should, at the same time, secure other elements of success, by giving it such legal distinctions and privileges as will entitle it to respect, and ensure its permanence.

We do not wish to convey the idea, that the Faculty base their hopes of perpetuity and usefulness, exclusively upon this ground. They are not ignorant of other essential requisites to success,

amongst the various members of the Faculty, an accurate acquaintance with the scientific merits of other Institutions in the United States exists, and holding these strictly in view, they earnestly court a comparison, as to fullness of the Courses, the necessary means of demonstration, and their devotion in all respects, as exhibited in their acts, to the welfare and interests of the profession.

By virtue of this law, the Medical Department receives an endowment from the University fund, adequate to its present and future wants.

AMERICAN PSYCHOLOGICAL JOURNAL.

We learn that Dr. Edward Meade, of Chicago, Ill., proposes issuing a journal, if sufficient encouragement be offered, bearing the above title. It will be devoted to the elucidation of Mental and Moral Philosophy, Psychology, Insanity, and diseases of the Brain and Nervous system.

Doct. Meade has given much attention to the above subjects: he is at present physician to the Chicago Retreat for the insane; and from his known ability as a writer and teacher, we have no doubt but that the forthcoming Journal will be a valuable addition to this department of our literature.

It will contain sixteen pages, and will be published monthly at $1 per year in advance. We shall be happy to forward the names of any of our medical friends or others who may wish to subscribe for the Journal.

AMERICAN MEDICAL ASSOCIATION.

The Committee of Arrangements request all Societies and other institutions authorised to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the Secretary, Dr. H. W. DeSaussure, at Charleston, S. C., on or before the 1st day of April.

In consequence of the resignation of Dr. Stille, one of the Secretaries, from ill health, all commuications intended for the next meeting of the Association, must be addressed to the remaining Secretary, Dr. H. W. DeSaussure, Charleston, S. C.

The Fourth Annual Meeting of the American Medical Association, will be held at Charleston, S. C., on the 2d Tuesday of May next.

Editors of Medical Journals will please give the above notice an early insertion in their respective Journals.—*Charleston Med. Jour. and Review.*

COMMITTEE ON PRACTICAL MEDICINE OF THE AMERICAN MEDICAL ASSOCIATION.

The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association, May, 1850, respectfully solicits the co-operation of members of the Medical Profession in furnishing materials for the Annual Report in May, 1851. The duty of this Committee, as defined by the Constitution of the Association, is to "prepare an Annual Report on the more important improvements effected in this country in the management of individual diseases in special localities, or in the United States generally, during the term of their service." In order to fulfil the objects thus expressed, the requisite data must be supplied by medical practitionors in different sections of the Union. This is more particularly true with reference to the "*progress of epidemics*" and "*the character of prevailing diseases in special localities.*" Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the present year. Epidemic cholera and dysentary are known to have prevailed more or less extensively in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, etc., of these diseases, will be acceptable. It is required that communications upon these or any of the subjects coming under the cognizance of the committee, be transmitted to the undersigned by the first of March, 1851.

All contributions with which the committee may be favored, will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, New York, Nov., 1850.

VALUABLE CONTRIBUTION.

Doct. I. Galland, of this city, has recently made a munificent donation to the College Museum, consisting of antiquated relics, foreign shells, and geological specimens; the whole number amounting to over three hundred.

THE PHILADELPHIA LANCET,

Is the title of a new journal recently issued fram the Press. As a medical newspaper, and general advertising sheet, it may supply a want in the medical literature of Philadelphia

It is edited by Thomas Dunn English, M. D., and published semimonthly at one dollar per annum.

METEOROLOGICAL REGISTER FOR JANUARY 1851.

	FAHRENHEIT'S THERMOMETER.			WINDS.			
	9 A. M.	12 M.	4 P. M.	Course.	Velocity.	Character of weather.	Quantity of Rain.
1	32	45	46	South.	Calm.	Clear.	
2	31	50	48	"	"	"	
3	32	48	45	West.	"	"	
4	30	46	47	"	"	Cloudy.	
5	33	44	45	"	"	Clear.	
6	34	47	50	Northwest.	"	"	
7	38	52	42	East,	"	"	
8	36	46	54	South.	Brisk.	Rain.	3 inches.
9	36	44	38	West.	"	Snow.	½ inch.
10	32	52	40	"	"	Clear.	
11	35	58	44	South.	"	Cloudy.	
12	32	54	36	West.	Calm.	Clear.	
13	34	60	62	"	"	"	
14	48	57	51	North.	Brisk.	Cloudy.	
15	28	34	35	"	"	Clear.	
16	26	17	12	"	"	"	
17	0	30	16	"	"	"	
18	0	37	20	West.	"	"	
19	16	34	26	"	Calm.	"	
20	16	61	40	"	"	"	
21	34	41	40	"	"	Cloudy.	
22	30	64	46	North.	"	Clear.	
23	28	58	52	West.	Brisk.	"	
24	25	60	45	"	Calm.	"	
25	44	65	58	Southwest.	"	"	
26	30	63	55	Southeast.	"	"	
27	31	37	38	East.	"	Cloudy.	
28	34	25	12	North.	Brisk.	Clear.	
29	3°	18	6	Northwest.	"	"	
30	11°	12	6	"	"	"	
31	0	16	22	North.	Calm.	Cloudy.	Snow 1½ in.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. 1. KEOKUK, IOWA, MARCH 1, 1851. NO. 7.

ART. I.—*An Inquiry into the character of Green and Melænal discharges from the Bowels.* By SAML. G. ARMOR, M. D., Prof. of Physiology, Pathology, and Clinical Medicine, in the Medical Department of the Iowa University.

Diseases of the abdominal viscera, from the frequency of their occurrence either as primitive or consecutive affections, are entitled to much of our consideration; and from the fact of the obscurity, or the want of reliable data from which to draw our conclusions, we should duly consider every thought or faet calculated to throw further light on diseases of the liver, the intestines, and all the other digestive organs.

Of the various secretions poured into the digestive apparatus, none have been regarded with more interest than that of the liver; yet the secretions of no gland of the body have, at the same time, been less accurately studied. A comparatively unexplored field of inquiry here presents itself to the chemical pathologist; and we are persuaded that chemical analysis of bilious stools and other stercoral matters, will one day furnish signs of great value in the diagnosis of diseases of the liver and other abdominal viscera.

By common consent, especially in the Western States, the liver is thought to be a frequently offending organ; it is made the common "scape goat" for offences of which, in many instances, it is not guilty; and in accordance with a popular idea, that it is the principal outlet through which impurities of the blood are poured, mercurial and other cholagogue remedies have attained, we think, an undeserved popularity.

That sluggish or perverted action of the liver is soon followed by general morbid action, we would readily infer from the importance of the office it performs in the animal economy. The blood would be

morbidly impressed if its hydro-carbon were not removed by the liver; and the digestive functions would also suffer if healthy bilious matter were not duly elaborated. It may be said, then, to have both a *forward* and *backward* action,—forward on the surface on which the secretion is poured, and on the contents of the duodenum, and backward on the gland itself and on the blood from which it is secreted.

The investigations of pathologists, however, into the usual changes noticed in the biliary secretion and excretion, have had reference rather to *quantity* than *quality*,—to its increase in bilious flux, or its surppression in cases of jaundice arising from occlusion of the excretory ducts. But if we push our investigations beyond this, by enquiring into the different modifications which health and disease may effect in the composition of the bile, we will find ourselves at once groping in the dark. Physicians, it is true, have described a multitude of changes in the bile, by the aid of which they have explained the nature of many diseases; yet we may search the records of practical medicine in vain, from the times of Galen to the present, for well authenticated facts, or positive proof, in support of these views.

The subject has recently occupied the attention of Dr. Golding Bird, whose researches in chemical pathology, are always of the most accurate and interesting character. He has directed his attention chiefly to the *green alvine evacuations of children*, "with the view of testing the accuracy of the popular opinion of their being chiefly composed of bile." This view has long been maintained, or rather *assented* to, by the medical world. The evacuations, usually termed melœna, have been also regarded as depending on vitiated bile; but more recent investigations favor the view that this character of discharge is occasioned by a morbid exudation from the intestinal mucous membrane. It is true that it is frequently,—perhaps always, connected with either functional or structural disease of the liver; and the association being so uniformly present, Langstaff, in the absence of more positive evidence, was lead to attribute it to a morbid sympathy between the liver and intestines; while others, accommodating themselves to a simple and more commonly received opinion, attributed it to an increased activity of the liver in throwing off crude bilious matter; whereas the true cause is referable, according to Dr. Bird, not to sympathy, nor to excessive action of the liver, but to congestion of the portal venous system.

It has been demonstrated by frequent experiment, that the composition of human bile is essentially similar to that of the ox. That we may have an accurate idea, then, of the normal constitution of this

fluid, I present the following analysis of the bile of an ox, as given by Berzelius:

Water, - - - - - -	904·4
Bilin, (with fat and coloring principles)	80·0
Mucus, chiefly from gall bladder, -	03·0
Salts, - - - - - - -	12·6
	1000·0

That bile is often present, and even in large quantities in fœcal dejections, cannot admit of a doubt; but that it is *necessarily* present in the green discharges, so common in early infancy, is the point in dispute.

A specimen of a green evacuation, passed by a hydrocephalic in-infant whilst under the influence of mercury, was carefully analyzed by Dr. Bird. It was a dirty green, turbid fluid, and by repose, separated into three distinct portions. 1. A supernatent oily fluid, presenting a brilliant emerald color. 2. A dense stratum of mucous, coagulated albumen and epithelial debris. 3. A deposit of large crystals of triple phosphate of magnesia and ammonia in prisms of an apple green color. The supernatent green fluid was decanted for examination, and its chemical elements indicated by the following

Analysis.

1. 1000 grains of the green fluid left, by careful evaporation, a deep olive green, highly deliquescent extract, weighing 100 grains.

2. This extract (1) being immersed in alcohol of 0·837, formed a mass like bird lime, which could not be mixed with the spirit. Even after long boiling, it appeared hardly to diminish in bulk. The clear tincture being decanted, left, however, an extract weighing 30 grains. This residue possessed the yellowish green color of faded leaves, an odor of fresh broth, and a sweet, sub-astringent taste, with a very slight admixture of bitterness.

3. The alcoholic extract being carefully incinerated, left 5·5 grains of ashes, consisting chiefly of chloride of sodium mixed with mere traces of tribasic phosphate of soda (3 Na, O, P2 O5). It was alkaline, but did not effervesce with acids.

4. The portion left undissolved by boiling alcohol yielded to water 13 grains of nearly tasteless matter, which by incineration, left a powerfully alkaline ash, weighing 1·75 grains, not effervescing with ashes, and consisting nearly exclusively of alkaline tribasic phosphate of soda.

5. The residue, insoluble both in water and alcohol, weighed 57 grains, and consisted almost entirely of coagulated albumen, dry mucus, and modified blood. It left by inceneration 1 grain only of ashes, consisting almost wholly of brick-red sesquioxide of iron.

The following is a view of the results of the examination:—

Alcoholic extract,	Organic	34·50
	Inorganic	5·50
Aqueous extract,	Organic	11·25
	Inorganic	1·75
Insoluble matter,	Organic	56·00
	Inorganic	1·00
Water and volatile matter		900·
		1000·

The organic portion of the alcoholic extracts consisted chiefly of fatty matter, cholesterine, and a green substance supposed to be identical with the so called *biliverdin*, with but a mere trace of bile, barely sufficient to communicate a bitter taste to the extract, but not sufficient to leave any carbonate of soda in the residue of incineration. The aqueous extract consisted chiefly of ptyalin, with other extractive matters.

The composition of the fluid part of the green evacuation is thus expressed:

Biliverdin, alcoholic, extractive, fat, cholesterine, with traces of bile, - - - -	24·5
Ptyalin, aqueous extractive colored by biliverdin, -	15·21
Mucus, coagulated albumen, and hæmatosine, -	56·0
Chloride of sodium, with traces of tribasic phosphate of soda,	5·5
Tribasic phosphate of soda, - - -	1·75
Sesquioxyde of iron, - - - -	1·0
Water, - - - - -	900·
	1000·

An analysis of a green calomel evacuation has been recorded by Simon; he has not given the proportion of solids and water present, but merely detailed the composition of the dry extract, which consisted of

Soluble in alcohol	Bile, bilifelic acid, biliverdin, -	21·4	42·4
	Fat, containing cholesterine, -	10·0	
	Alcoholic extractive, -	11·0	
Ptyalin, aqueous extractive, - - -			24·30
Albumen, mucus, epithelial cells, - -			17·10
Saline matter, - . - -			12·9fi
			96·7
		Loss	3·3
			100.

Professor Kerstein, of Freiberg, has published some late researches on the nature of green stools said to be of frequent occurrence in patients who are under a course of certain mineral waters. He alto-

gether denies that any quantity of bile is present in the green evacuations of invalids and others who partook of the Carlsbad waters; but attributes the tint to the green sulphuret of iron, generated in the stomach and intestines by the reduction of the sulphate of soda of the water, to a sulphuret, and its subsequent action on the iron held in solution in the water. He states in confirmation of his view, that hydro-chloric acid destroys the green color of the stools, evolving at the same time, sulphuretted hydrogen. Dr. Frankl, however, of Marienbad, attributes the color of these evacuations to the 'same source' as the green mucous discharges from the vagina in leuchorrhœa, the urethra in gonorrhœa, and the nasal secretions in some forms of coryza.

The following extract will give the reader a general idea of Dr. Bird's views:—

"I have assumed that the green color of the matter examined was owing to *biliverdin*, a conventional term for a substance very imperfectly understood, and very likely applied to substances essentially distinct in their nature. Berzelius has compared biliverdin to the chlorophylle, or green coloring matter of leaves, although this must be regarded as partaking rather of a wax-like nature than as a mere colored extractive. It must, however, be borne in mind that green coloring matter may be possibly generated in the animal economy from the action of certain matters on the hæmatosine, or coloring matter of blood. Thus it is well known that when blood is exposed to the influence of sulphuretted hydrogen gas, it acquires a deep olive-green color when viewed by reflected; and a dingy red, by transmitted light, —phenomena identical with those presented by the coloring matter of bile. Attention has been drawn to this remarkable fact by Professor Leopold Gmelin. It is now ten years ago since a series of researches on the action of oxydating agents upon blood were published in the pages of this journal by Dr. Brett and myself. In that paper we described two products of the action of nitric acid upon clot of blood, —an olive-green sweetish astringent substance, and an intensely bitter yellow one; we applied the conventional term of chloro-hæmatin to the former, and xanthe-hæmatin to the latter.

Since, then, the coloring matter of blood is fully capable of being converted into green pigments under the influence of different agents, it must, I think, be admitted, that we are not to assume the green color of an animal excretion as of necessity depending upon the presence of an excess of bile. And when chemical analysis fails to indicate the presence of any quantity of this secretion in a bright green evacuation, it is but legitimate to seek for some other cause of this tint. The proportions of the so called biliverdin very closely approach to those of the xanthe-hæmatin before alluded to, and I confess that I am induced to regard the green color of the emerald and "chopped spinach" stools of children as depending upon the presence of modified blood, rather than on an excess of bile.

Believing that the green stools alluded to are but a form of melœna,

I have often closely questioned the nurses of children voiding them, regarding the appearance of the evacuations before and after the development of the green color, and have almost constantly been told that streaks, or even clots of blood had been observed.

I regard, then, the presence of green stools as indicative not of a copious secretion of bile, but of a congested state of the portal system, in which blood is exuded very slowly, and in small quantities, so as to allow of the color being affected by the gases and secretions present in the intestines; a state of things capable of readily ending in melœna, in which the effusion of blood is so copious and sudden as not to give time for the occurrence of the changes alluded to.

There is, moreover, a peculiarity in the green dejections of children and others whose portal circulation is congested, which, so far as I know, is quite distinct from any property presented by mere bile under similar circumstances—I allude to the effect of exposure to the oxygenating influence of the air upon them. When first voided, the "chopped spinach" stools are in the majority of cases of a bright orange color, and they assume their characteristic grass-green hue only after exposure to the air. The time required for this change varies remarkably. I have seen an orange colored stool become green in a few minutes; and in the same patient, only a day or two afterwards, many hours may have been required to effect the same change."

The fact that these discharges most generally take place in the warm summer months, favors the view of Dr. Bird. The debilitating effects of heat, when combined with moisture, very readily develop diseases of the gastro-intestinal mucous membrane. In the first place there is a direct relation, based on the general law of identity of structure, between the skin and mucous membrane: a morbid impression produced on the one, is frequently communicated to the other. In addition to this, sudden changes from the extreme heat of mid-day, to the damp chill of evening, produce intropulsions of blood. The abdominal viscera suffer from this congestion; their vital properties are lowered, and their functions illy performed. The liver, over stimulated by blood largely charged with hydro-carbon, while it is at the same time deprived of its normal amount of serosity, does not secrete its usual amount of bile. It is overtasked; and the result of its engorgement, occasioned as well by a defect of its natural secretion as by intropulsive congestion, is a damming up of the venous circulation of the intestinal canal; for it will be borne in mind that the abdominal circulation, in passing to the lungs, first passes through the liver. Whatever, therefore, arrests a free hepatic circulation must also affect the abdominal circulation; and this condition, we could very readily believe, might, under peculiar circumstances, be followed by percolation of more or less of the elements of the blood through the mucous coat of the intestinal canal; and this very depletion would tend to re-

lieve the congestion of the liver, and thereby enable it to resume its function. Is this a satisfactory explanation of the change for the better which generally follows those dark discharges? However this may be, in the absence of more correct knowledge of the changes that bile undergoes in disease, we should carefully analyze every thought and fact calculated to throw further light on a subject of acknowledged obscurity. If Dr. Bird's views be correct, (and they are certainly plausible,) they will very much modify the popular notion of the pathology of abdominal affections, characterized by these green or melœnal discharges.

ART. II.—*Death from Injury of the Brain.* By THOMAS KERR, M. D., of Elgin, Illinois.

Thursday, Oct. 31, 1850.—Called to see Charlotte Hubbard, aged 5 years, sanguine temperament, interesting appearance, mild disposition, and healthy well developed form. Had complained for a few days of pain in the head and bowels, being feverish every afternoon.

Found patient feverish, with slight pain in the head and umbilical region. These symptoms of pain were by no means constant; at times, she was entirely free from them.

Directing treatment to the evident intermittent character of the symptoms, the exacerbations of fever were checked; though the transitory and fleeting pain in the head and bowels continued as before.

Nov. 2.—No return of fever, but frequent complaining of pain in head and bowels; the former being local and migratory, the latter, about the region of the transverse colon; though, on repeating the examination a few minutes after, the same symptom was not manifested. Pulse 85, and natural: no undue heat in the head or abdomen.

7, *P. M.*—Symptoms the same: bowels moved slightly, a cathartic being administered in the morning. There seemed to be a torpor of the bowels, for previous to calling a physician, the parents gave patient a heavy cathartic, without any action whatever.

On enquiring, if headached? patient replied, "no"; if bowels ached? "no"; before leaving, she said both head and bowels ached.

During the night, patient was very restless, with frequent complaints of pain in head and bowels, and intervals without any such symptoms.

Observing at this time indications of intestinal irritation, as picking the nose, circumscribed spot of red on the cheek, champing the teeth, starting during sleep, &c.; it seemed probable that the patient had

worms. Infusion of spygelia, with a cathartic of calomel and rhubarb, was administered for three consecutive days. The bowels moved but slightly, with no appearance of worms in the evacuations.

Sunday, Monday and Tuesday, continuance of symptoms; no manifestatation of vascular excitement, or disorder of any of the functions of the body. The same listlessness and lethargy present; anorexia; every few moments the patient said she had pain in her head and bowels; being quite free from pain during the intervals.

During one visit, she would several times complain of pain in the the head, sometimes in one side, sometimes in the other; sometimes in the back of the head, sometimes through the temples, but most frequently on the vertex: so also with the pain in the bowels. As often during the same visit, she would say, "she had no pain whatever," and that "neither head nor bowels ached," By drawing her attention to her play things, she would for a few minutes evince considerable animation, and converse freely, but she soon relapsed into that valetudinary manner she had maintained from the first visit. Tongue coated with a white covering. Warm bath, hop fomentations, and cataplasms to the feet, with cold to the had, was assiduously used; though to the latter, the patient was quite opposed; also to cold water as a drink, preferring warm milk and water, and then only when urged. No desire to drink; when asked, answered that she had "no thirst."

Wednesday, Nov. 6, 8 *A. M.*—Patient extremely restless during last night; frequent exclamations of pain in head and bowels; at other times, free from pain entirely. Observed slight converging strabismus in the left eye; pulse, irregular, with a distinct intermission every 12th or 15th beat. Cathartic of calomel and rhubarb given.

Noon.—Patient quite restless and irritable; same irregular movement of the heart, and strabismus, very slight.

3 *P. M.*—Called in great haste by Mr. Hubbard, with the alarming statement, that his child was dying.

Found patient with strabismus and dilated pupils; eyes gazing on objects with a fixedness beyond her power to remove; quite unconscious; distressing outcry; incoherent and blank expression of countenance. Pulse 65, somewhat full and quite compressable. No undue heat in the head; none in the bowels. Removed in a hasty manner cold cloths, when put on her head. She continued so for three hours; after which she slept. A cathartic was given, and the warm bath used, with mustard applied to the extremities.

8, *P. M.*—Bowels moved, apparently without patient's knowledge. The discharge consisted of a large amount of hardened scybala, with mucous. The scybala were so hard, that, when struck, a distinct sound was emitted.

During the night, more scybala were discharged; patient having ceased from the outcry, continued to dose in a quiet and easy manner. When awake, the eyes were fixed in a steady gaze upward, and converging strabismus of both, occasionally during the night. Pulse 60 to 70. Diverging strabismus was observed also.

Nov. 7, 7 *A. M.*—Patient still sleeping quietly: when awake, the eyes became fixed as before on some object, and can only be diverted by intercepting vision with the hand.

11 *A. M.*—Patient arousing, speaking for the first time of her own accord, since the attack the day previous; exclaimed, "a little boy (mentioning his name) struck me on the head with a stone, and I mean to tell his father." On hearing this singular development, both parents remembered the circumstance, that, a few days before their child became unwell, she had come home crying, stating that she had been struck on the head by a little boy. They could not discover, on examination, any bruise or injury externally.

Next day, the girl, for about two hours, was unable to *articulate plainly;* her mother supposing she was mocking some one. Once, since her sickness, when having her hair combed, she complained of the "comb hurting the place the little boy struck her on, with a stone." She made no complaint on again dressing her hair, so that the circumstances passed from the parents' mind. When informed of these facts and desiring counsel, Dr. Sanford was summoned, and informed of the previous symptoms in the case; and also of the circumstances so singularly brought to light. We agreed in the opinion, that there was doubtless close connection between the blow on the head and the whole train of subsequent symptoms. Our prognosis was, of course, extremely gloomy; and, putting blisters to the nape of the neck and temples, with cataplasms to the feet, and alterative doses of calomel, to be followed by a cathartic, we left the patient.

From this time, till Saturday 16th, patient continued quite conscious, frequently speaking, taking nourishment, showing her tongue when asked, knowing her parents and friends, speaking to them by name, and evincing a mildness and sweetness of disposition truly admirable. The right arm and leg were in continual motion, when the patient was awake; the arm was thrown upwards towards the head, frequently striking the vertex with the hand; the leg was flexed and rapidly extended. These movements were, at times, quite violent, requiring considerable tact in restraining them. The left arm became some what rigid and drawn across the breast; the left leg continued motionless. The circulation was equible in both sides; pulse about 65; no thirst; no undue heat in the head or bowels, though patient

sometimes said "her head ached and her bowels too." Much dislike to the application of cold cloths to the head; she would at once remove them herself; cold water she said "made her stomach ache."

On the 16th, debility became apparent; pulse frequent and feeble, less desire to speak, difficult to induce her to swallow, quite conscious, smiling when spoken to, and attempted to protrude her tongue when asked, but failed from an inability to raise it over the teeth of the lower jaw. Movement in the right leg nearly ceased, and that of the right arm tremulous and unsteady. Conjunctiva engorged in the lower half of the eye ball. The patient continued gradually to decline, till Sunday morning the 17th, when she died, having turned her eyes in the direction of her father's voice as he spoke to her half an hour before she breathed her last. Previous to death, there appeared to be an exudation of mucous in the throat and nares, which increased to a considerable extent the labored respiration preceding death.

Post-Mortem twenty-four hours after Death.

Scalp healthy; also the external surface of the cranium; or removing the calvarium, immediately beneath the saggital suture about its middle, appeared a spot of about the size of a dollar somewhat harder than the surrounding membrane. Removed the membranes; the whole cerebral surface congested, particularly that portion corresponding to the hardened spot above mentioned, sinuses, veins, and arteries presenting extensive engorgement. No appearance of structural lesion superficially. No organic lesion in the substance of the cerebrum appeared, as slice after slice was removed; till opening the lateral ventricle of the left side, water flowed out in large quantity. About *five ounces of fluid* were removed from the ventricles. The ventricles, in their entire capacity, were distended with fluid. Cerebellum presented the same engorged condition with the cerebrum. At its inferior peduncle the "crura ad medullam oblongatum,' the nervous substance was softened, and much broken up; though the membrane covering it did not present other than healthy structure, being dense and firm, as in health.

Sections of the cerebellum displayed healthy structure in every portion, save that immediately connected with the "medulla," as above specified.

The want of tangibility in the symptoms prevented entire satisfaction in the treatment, and in the formation of a diagnosis. When the scybalous discharges were seen, the symptoms of intestinal irritation could, in some measure, be accounted for; though it was by no means so easy to explain the nervous impression on the same grounds.

On the singular development of the accident, it became at once apparent that the brain had sustained serious injury.

When seen by Dr. Sanford, on Thursday afternoon, the patient appeared in an extreme, critical condition, and likely to die soon. But for ten days she continued to evince complete consciousness, and, though prostrated with a prodigious impression on the brain, no sign of suffering escaped from her; in fact frequently stating that she had no pain. The countenance maintained, to the last, a natural mild expression. When asked to keep the hand and leg quiet, she would do so for some time. There was no spasmodic action during her whole sickness; the movement of the right arm and leg being, to all appearance, voluntary, The bowels moved regularly; the urine also was evacuated several times daily; she took nourishment in considerable quantities of animal and vegetable broths, which appeared to be relished and digested. Revulsives and derivants composed the main treatment, though throughout, this was necessarily quite obscure.

The post-mortem appeared to indicate a *concussion* of the brain, referred to the junction of the cerebellum with the medulla oblongata; which produced an organic lesion there, and so affected the whole encephalon that transudation, from an atony of the blood vessels, took place; the action being of a passive, asthenic character.

That active, sthenic inflammatory action could have been frequent is improbable; for there was no vascular disturbance manifested; no delirium; no undue heat in the head; no thirst; no coma; no fibrinous effusion, or any other result of active inflammation to be discovered after death.

The wonder is, that the mind should remain clear, memory good, freedom from pain and coma, with such an extensive effusion within the brain. The case is singular, as it is interesting.

ART. III.—*Ætiology of Strumous Cachexy.* By R. C. Warinner, M. D., of Alexandria, Mo.

In surveying the catalogue of human sufferings, there seems to be no pathological changes which demand of us so large a share of our philanthrophy, and at the same time appeals to us with more eloquence for serious investigation, than those which legitimately grow out of the condition indicated by the title of this article.

I wish, then, briefly to investigate some of the principal predisposing causes of the difficulty, as well as some of the main pathological changes which necessarily precede its development; for it is a fact,

which admits of no cavil, that it constitutes the surest harbinger of death that has ever visited the human family.

Anatomy furnishes us the basis of four distinct characteristics of the human constitution, representing the development and functions of the vascular, nervous, bilious, and lymphatic systems,—the preponderence of which gives a character, physical and mental, corresponding with its own peculiarity.

The sanguine endows its possessor with strong social qualities; he is physically impulsive, and consequently has a large heart and capacious chest.

If he be of the nervous temperament, he is peculiarly endowed for mental labor, but unqualified for physical exercise; and is apt to succumb when thrown in contact with adverse circumstances.

If of the bilious, he is better qualified for both physical and intellectul pursuits. He has large and dense muscles, which constitute the balancing power of the system; hence his patience and longevity.

The lymphatic temperament is one which I wish especially to consider. In my humble opinion, it is never found in the perfect physiological state of the system. I regard it as the result of mal-assimilation. This idea receives corroborative strength, from the fact that it is more liable to change,—more amenable to hygienics than any other peculiarity of the constitution growing out of the functions of either of the four great systems mentioned. It disqualifies its possessor for either physical or mental labor, just in proportion to the development of the diathesis. It is an abnormal development of the lymphatic system, growing out of a pathological condition of the nutritive and assimilative functions; and is, I think, easily inferred from correct physiological and pathological data.

The importance which healthy respiration sustains to the living economy, is perhaps in no condition of the constitution better exemplified, than in that under consideration. It is a point now conceded by all physiologists, that the functions of assimilation and nutrition, owe their healthy conditions, in a great measure, to the office of respiration,—that a due amount of oxygen is indispensable to the evolution of animal heat, and to the process of vital endowment of the protein elements of the circulation. Deprive the blood of its due relative proportion of oxygen, and in direct ratio the nutritive functions are impaired.

A knowledge of these facts, has of late years assisted much in elucidating the true pathology of struma. I put the question, as involving much of interest to me, whether the conversion of albumen into fibrin is, or can be, prosecuted faster than the destruction of tissue?

We have seen that disintegration of tissue is necessary to the prosecution of carbon, and that carbon and oxygen are necessary to the evolution of animal heat, and without animal heat no assimilation can take place. I am not inclined, at present, to speculate upon the question; but I think, notwithstanding some conditions resulting from inactivity of body, seem to militate against such a theory, upon close investigation they will be made to harmonize.

When the disintegration of tissue is not sufficient to produce a requisite amount of carbon for the purposes of the economy, mal-assimilation is the result; than a great portion of the unassimilated fibrin is thrown back into the lymphatics; making this system a kind of *diverticulum.*

This product, like all others, is best calculated for the nourishment of those trunks and tissues in which it is most abundantly found: the consequence is, the exemplification of one of the most beautiful, and certainly the most universal laws of nature, viz: in proportion to the amount of labor performed, will be the reward of development. There is not a particle of organized animal matter that does not enjoy its organization at the expense of labor. Then what supreme folly is it for any individual to expect to enjoy health while he lives like a drone; as well might he expect to scale the summit of the Alps without physical effort, as to expect to enjoy a reasonable physiological state without a due portion of exercise. A great cause, no doubt, of struma is, the lack of physical exercise in the open air.

The sad effect of such neglect is easily seen when we reflect, that a healthy arterialization of the blood is thus prevented, and local congestions and mal-assimilation are the consequence. The lungs are not expanded,—the capacity of the chest soon begins to diminish—and soon the blanched cheek and pearly sclerotica speak, in terms too eloquent to be misunderstood, of the necessity of a regenerating influence of the *breath* of heaven.

A degraded condition of the nutritive function is frequently witnessed in those of sedentary habits, especially those of the opposite sex, who, in addition to this, impair the functions of respiration by the suicidal practice of tight lacing; certainly no practice that is honored with the title of *fashion* deserves severer contempt than that of literally squeezing the life from the body. Thousands fall victims to it every year, under the palliative cognomen of "*Breast Complaint,*" and their epitaphs should be written,—"died for the want of sense."

It is truly sad to witness the havoc that is frequently played with good honest constitutions, by that shaft of death, the "*corset.*" It compresses the stomach, and thus prevents the reception of a suffi-

cient portion of food, besides impairing its healthy digestion. It also so crowds the liver, as to change it from a flat to a conical figure, imprinting upon its surface, the very impress of the ribs. It also prevents the descent of the diaphragm and the expansion of the chest, and thus enfeebles the lungs and displaces, even when it does not disorder, the functions of the heart. People are easily flattered, who hope to enjoy good health under such auspices True, they may *vegetate* for a short season; but, like the bruised leaf, must soon decay. It is humiliating to the intellectual character of American females, that this fashionable torture is becoming a fruitful source of "strumous cachexy;" and it would be a national blessing, if those who patronize it, were interdicted from marrying. Then the consequences of such murderous practices would be confined to the guilty only; but as it now exists, we have entailed to us a generation of invalids from the perverted habits of apish mothers! That the predisposing causes of such diseases are more frequently congenital than acquired, is abundantly sustained by medical statistics.

The fastidious mother, not satisfied with self-destruction, must take her *puny* offspring through the same fearful ordeal. She girts it up until it can with difficulty, (to use a homely expression) *breathe or kick;* then consigns it to the merciful protection of a nurse, who cares about as much for its comfort as she has evinced in the plan of its habilament. If the child becomes cross and rebellious at the embraces of dame fashion, it is soon lulled to quiescence with an anodyne; or, if they should call in a Doctor, "*indigestion*" or "*worms*" will, perhaps, be the diagnosis. Then comes the Hydr. C. Creta, or peradventure a little of the mild Chlord. Hydr. Cum. Opii. These are matters frequently winked at; but I do think it high time that such supreme folly should be stripped of its fashionable garb, and exposed in all its sad deformity. We over-feed, over-nurse, and over-doctor our children.

I have thus briefly endeavored to state the nature of some of the principal pathological changes, necessary for the development of struma, as well as some of the main predisposing causes.

There are other circumstances which often act as powerful *exciting* causes,—especially in those of the sanguine and lymphatic temperaments. The chief of these is excessive mercurialzation, which tends powerfully to the destruction of the plastic elements of the blood.

Inflammations, exposure to a cold and damp atmosphere,—living on innutritious food, changing of person of small or feeble lungs, from a cold to a warm climate, and *vice versa.* Indolence, gluttony, and excessive indulgence of the sexual appetite, might be mentioned

as predisposing, as well as exciting causes of this unhappy pathological condition.

ART. IV.—*Chlorotic Menorrhagia.* From "Theraputique Medicale," by Trousseau and Pidoux.

[Anæmia, as an element of disease, is so important in its extensive pathological relations, and the *modus operandi* of the chalybeate tonics in the relief of difficulties associated with this general condition of the blood, is so generally misunderstood, that we have been induced to lay before our readers the following very excellent article translated for the *New Hampshire Journal of Medicine.*

The suggestions relative to the pathology and treatment of *chlorotic menorrhagia,* apply with equal force to a large class of maladies connected with the anæmic state, and for which iron is successfully prescribed. We commend the article to our readers as one well worthy their perusal.—Eds.]

Many physicians, otherwise good observers, think that Chlorosis is necessarily characterized by a marked diminution, or by the entire suppression of the menstrual flux. They regard menorrhagia, that is to say, the immoderate flow of the menses, as an accident so unusual in this disease, that they explicitly exclude it. Yet it is impossible for them not to see frequently in their practice, women profoundly anæmic, in whom none of the general accompaniments of chlorosis are wanting, and who each month suffer large losses of blood. In In this case they make a distinction, and call women who are in this latter situation *anæmics*, and those who are not entirely regular, *chlorotics.* And yet there is wanting in these anæmic women none of the symptoms of chlorosis; neither the extreme pallor, nor the decoloration of the blood, nor the bellows murmur of the principal arteries, nor the different neuralgias. So that if we examine in these patients all the functions, and all the organs except those of generation, we cannt fail to recognize chlorosis.

In our turn we will attempt to establish a distinction between anæmia and chlorosis. Anæmia is an accidental condition; it is produced at once, without transition, by large losses of blood. One becomes anæmic in a few days—in a few hours. Chlorosis is a permanent condition, usually slow to develop itself, and slow to leave the patient, and always ready to return under the influence of causes apparently the most trifling. Anæmia is a state essentially transitory; a few weeks suffice for the renewal of the blood, and for the complete restoration of the strength, no other help being needed than that afforded by good regimen and diet. A relapse is never to be feared, at least, unless another loss of blood again brings the patient to the same condition.

Thus far nothing appears more simple than the distinction between

these two diseases, but it is far from being the case in practice that nature separates diseases so plainly.

Every day we see, sometimes in a woman, sometimes in a girl, a moral impression become the determining cause of chlorosis, but still more frequently the commencement of the disease dates at the time of a first application of leeches, by which in the whole but little blood was taken.

This being established, we can easily comprehend how a too copious bleeding from the nose, a large venesection, the repeated application of leeches, or a considerable menstrual flow may bring one into such a condition that chlorosis may manifest itself, that is to say, that in the place of anæmia, a disease transitory and easily cured by the powers of nature alone, there is developed a peculiar state of the system, by reason of which the decoloration and liquefaction of the blood goes on daily, although the losses of blood which at first caused it are not repeated. Here then, anæmia has its point of departure from chlorosis; it has disposed the system to chlorosis, and made this more easy and rapid in its development.

Let us now examine what part anæmia and chlorosis may have in hemorrhages.

Without troubling ourselves with classic distinctions between active and passive hemorrhage, it will be granted that uterine and other hemorrhages are sometimes connected with a state of the system in which reactions are energetic, and in which the phenomena, general as well as local, indicate a superabundance of life; sometimes occur in persons who are in a condition precisely the reverse. We would admit that in all hemorrhages, (except the traumatic and hypostatic) there is previously a local difficulty analagous to, if not identified with the first phenomena of inflammation, but we wish here to consider only the general organic condition, taking no account of the local. But the general condition of the system is here a matter of extreme importance. When, the hemorraghic *nisus* being the same, the blood is in different states, it is impossible that the flux should not be, and in fact it is much modified by the degree of plasticity of the blood.

To take at first the most simple examples, let us notice what occurs in a recent wound. on the one hand in a vigorous, plethoric man, or, on the other, in a person completely anæmic. In the first case, a slight hemorrhage arrests itself; and if it is necessary to the large arterial trunks, the use of any hæmostatic means to stop the oozing of blood from the capillary vessels is superfluous; while in the second case, even after the ligature of small vascular trunks, there is still an oozing of a considerable quantity of blood, or at least of a reddish serosity, which deeply stains the clothes, and the abundance of which seriously threatens the life of the patient. That which is observed in man is also true of animals, considered in classes. Thus, while we can amputate the members of a dog and make enormous mutilations without destroying his life by the loss of blood, rabbits die exsanguine after a slight wound. The plasticity of the blood of dogs prevents the hemorrhage which on the other hand is favored by the fluid state of the blood of rabbits. But the proneness of anæmic individuals to hemorrhage, is evident from the commencement of a

bleeding. Thus, if we apply leeches for the first time to an infant, the loss of blood, other things being equal, which will follow will be much less than that which follow the second application; and this will be less than the hemorrhage which will follow a third application, so that one may see, unfortunately too often, the bite of a single leech cause a fatal hemorrhage in a child already exhausted by losses of blood.

If then anæmia, which we may consider as a transitory, and in some sort as an acute state, can have such an immense influence on hemorrhages, how much greater will that influence be if it remains for a long time; above all, if chlorosis is developed with all its accompaniments.

Now let us transfer to the mucous membrane of the uterus that which we have just stated in general. If a woman or a young girl has the menses too abundant, it will doubtless be true for some months that the interval which separates the menstrual periods will be sufficient for the re-constitution of the blood; but soon the repetition of the same accident will produce anæmia, and at length chlorosis. Thus, if the hemorrhagic nisus remains the same, the flux, in accordance with what we have said above, will become more and more abundant; and the chlorosis, the cause of the increase of the hemorrhage, will itself be aggravated by the hemorrhage, and the patient revolving continually in this circle, is soon brought into a critical state. Let us not lose sight of these principal facts; chlorosis is produced by the too abundant menses—chlorosis makes the menses yet more abundant. In other words, the too copious menses cause a thinning and liquefaction of the blood—the thinning and liquefaction of the blood are a cause of uterine hemorrhage. There is then a form of chlorosis which we may call menorrhagic. But is this form of chlorosis common in young girls? It is rare. After searching we can find only twelve cases. In adult women it is more common. However, we ought to say that our observations in hospital as well as private practice, do not comprise a sufficiently large number of cases to enable us to make a complete statistical table. We have collected a dozen cases of menorrhaghic chlorosis—three in young girls, nine in married women. None of these patients had any organic lesion of the uterus; we proved it positively in all married women, and as to the single, where an examination would have been difficult and hardly proper, we have judged by the rapidity of the cure, and by the good condition in which we have seen them for many years after, that the womb was exempt from serious lesion.

We now come to the therapeutics.

Two important circumstances present themselves to the physician —the menorrhagia on the one hand, and on the other the chlorosis. The menorrhaghia is combatted by means which we are accustomed to consider injurious to chlorosis, of which the treatment, usually easy, is considered proper to excite the menses. The practitioner is thus placed between two shoals which it may be impossible for him to avoid.

Let us see if it is true that the chalybeate preparations so powerful in the treatment of chlorosis, are in fact emmenagogue medicines.

There can be no doubt that in a chlorotic woman who has amenorrhea, iron re-establishes the health and the uterine flow; but does it act as an emmenagogue, or as a re-constituent? Always when we give ferruginous preparations, in the case of chlorosis complicated with amenorrhea, the first phenomenon which we observe is the re-coloring of the tissues and at the same time the progressive diminution of the depraved appetites, of the disorders of the stomach, of the palpitations of the heart, of the difficulty of breathing, of the bellows murmur in the principal arteries, of thirst, &c.; so that after six weeks or two months of proper treatment, the appearance of the most vigorous health has returned, but still the menses are wanting; and it is not rarely the case that in continuing this treatment we notice symptoms of true sanguineous plethora, but still the menses do not appear. The health then is re-established—the chlorosis is cured, but the amenorrhea is not. Soon the menses appear and afterwards go on in their normal course. Now, here, the iron acted at first as a re-constituent, and when health was re-established, the functions of health, and menstruation among others, were in their turn re-established. The patient, then, has not recovered her health, because under the influence of iron the courses have returned; but on the contrary, the courses have returned because the patient has recovered her health under the influence of iron. This is the highest evidence, for, if it were otherwise, we should see that the return of menstruation is the sign of the return of health; and it is the reverse which has taken place.

It is from not having observed the evolution and succession of these different phenomena, that practitioners have always imagined that iron was an emmenagoge; and this error, believed for centuries, will still prevail a long time in spite of the clearest facts, and in spite of the most careful observation; for, we are so made that we willingly cling to error, and obstinately resist truth.

Let us go a little farther. Not only is iron not an emmenagogue, but it is on the contrary, an hæmostatic. Thus, and we say it after experimenting on a large scale in our hospital, in women who are regular and chlorotic, the exhibition of iron usually retards and diminishes the menstrual flux; we say *usually*, and not *always*. This being established, observe how it simplifies the therapeutic indications in menorrhagic chlorosis. The primary indication is to treat the chlorosis, and the secondary to treat the menorrhagia; and the treatment of the menorrhagia is here so much of a *secondary* indication, that almost never need one to attend to it. In fact, by giving large doses of chalybeates between two menstrual periods, we can easily restore to the blood the plasticity which it has lost, and twenty-five days will not pass without the restoration of nearly the normal color, and without the subcutaneous veins gaining their volume and bluish shade. Then, when the menses return, the blood is already in such a condition that hemorrhage is less easy, and usually the courses is much less abundant as well as much higher colored.

We have, however, twice seen the menorrhagia increased in spite of the treatment, and perhaps in consequence of the treatment; but, at the same time the debility and decoloration which allowed the men-

strual period were much less marked than in the preceding month, and a few days sufficed to make up the hemorrhage. But observe, in a parallel case, even when a woman loses. absolutely speaking. more blood than she lost before. the *relative* hemorrhage is much less. It follows that the injury to the health by the hemorrhage is nothing or almost nothing—the treatment almost immediately repairing the damage caused by the disease.

But if, notwithstanding the use of ferruginous preparations, the menstrual discharge is as abundant as before—or, if it is increased. it is necessary to avail ourselves of still other means which are generally sufficient to check the flow of blood. Of these, we place in the first rank ergot. the acids, rhatany, the tampon, &c.

When the menses have stopped, the ferruginous preparations should be resumed for eight or ten days in large doses, according to the degree of debility of the patient. If there remains a trace of chlorosis, the iron should be continued through the whole month, and even during menstruation, if the courses are not so abundant as to require the employment of other means.

We have thus sketched the general rules of practice, leaving it to the practitioner to supply those minutiæ of which the importance is felt only when one finds himself contending with an obstinate case.

That which is observed in chlorotics in uterine hemorrhage, is also observed in the same patients in bleeding from the nose. We knew a chlorotic young lady aged twenty-one years, who had almost every day an extremely abundant epistaxis. In vain did they try acids. astringents internally and by injections into the nasal passages; the nose bleeding returned without cessation; the use of sub-carbonate of iron in large doses, cured the chlorosis, and moderated much the loss of blood. It would be an error to suppose that uterine and nasal hemorrhages are cured by the chalybeates, only in young and chlorotic women. We have many times treated women of the age of the turn of life, who were exhausted by repeated hemorrhages. Notwithstanding the fear shown by the physicians called before us, we boldly press the chalybeates and easily check the hemorrhage. This practice, moreover, accords with that of Gmelin.

The iron in this case, has a double action, as we before said. First, it repairs the losses of blood and fibrin which the patient suffers, and then, in that it increases the plasticity of the blood and renders it more coagulable—puts this fluid into such a physical condition that it less easily oozes through the vascular pores or the membranous tissues.

This is very different from the hæmostatic medicines wich give the blood greater coagulability for a moment without re-constituting it, and consequently without remedying anything more than the existing accident.

Iron is also useful in the treatment of certain phases of melæna and hemorrhoids; not that it cures the organic lesion which causes the hemorrhage, but it remedies the consecutive anæmia, and restoring to the blood its plasticity—it cures, if the hemorrhage is alone dependent on the liquefaction of the blood—it restrains, if the liquefaction of the blood, though consecutive, is itself the cause of hemorrhage. In

short, we can repeat here what we have said above of menorrhagia. We should remember the results to which Andral and Gavarret came in their analyses of the blood. They found that in persons attacked by sanguineous apoplexy with effusion, the clot was more abundant than usual. In these hemorrhages to which the name *active* may properly be given, the ferruginous preparations would probably be injurious. But if these observers had analyzed the blood of persons worn down by the hemorrhoidal flux, they would have perceived an evident diminution in the red globules, and the exhibition of chalybeates would have remedied this deficiency.

We conclude then, first, that iron is not an emmenagague; secondly, that in chlorotics it appears to bring on the menses because it cures the chlorosis; thirdly, that it diminishes the uterine flux in healthy women; fourthly, that it checks uterine hemorrhages, at least those which are not connected with a plethoric state; fifthly, that it moderates the divers hemorrhages which attack chlorotics.—*N. H. Jour. of Medicine.*

ART. V.—*Gonorrhœa treated with Acetate of Potash.*

Mr. Hilton has endeavored to arrest gonorrhœa without the aid of cubebs, copaiba, or other means usually adopted. The medicine he employs is the acetate of potash in half-drachm doses. The following cases are selected to exhibit the results of this simple treatment:

The first case refers to a man, aged thirty, a tailor by trade, who, when admitted, July 24th, into Samaritan ward, had been affected with a discharge for a week; the urine was very acid, and the scalding intense. The day after admission, Mr Hilton prescribed half-drachm doses of acetateof potash to be taken three times a-day. Five days afterwards, the scalding was relieved, the urine being still acid; on the thirteenth day the scalding, though decreased in intensity, continued, and the urine remained acid; the acetate was therefore ordered to be taken every fourth hour. On the sixteenth day the scalding was trifling, and the urine acid; on the eighteenth the urine became alkaline; the scalding had disappeared, and the discharge had completely ceased for some days. The patients are always kept in the house a little time after its cessation, for fear of a relapse; and on the twenty-third day the patient was quite well, after having taken the acetate of potash three times a-day for thirteen days, and every four hours for five days.

The second case is that of a laborer, twenty-seven years of age; he had had a gonorrhœal discharge for three weeks when he applied for admission. The treatment began in the same ward (Samaritan), on the 24th of July, as in the preceding case, and the acetate of potash, in an aqueous menstruum, was likewise ordered to be taken three times a-day. The salt is also given with advantage in camphor mixture, and Mr. Hilton often supplies the patients with the acetate in powder, desiring them to dissolve it in water themselves. Here, however, no material improvement took place for the first fifteen days,

when the scalding became less, and the discharge began to diminish in quantity, the urine being acid. Mr. Hilton now ordered the same doses to be taken every fourth hour. On the nineteenth day the scalding continued, the discharge was less, and the urine slightly alkaline. On the twenty-second the urine became again acid, though the patient was taking the acetate every fourth hour. At this time diarrhœa set in, and the patient was precluded from continuing the acetate of potash. On the twenty-eighth day after admission, however, the use of the salt was resumed; it was taken every four hours for eleven days, when the scalding and discharge were entirely subdued. It should, however, be noticed, that even at this period the urine remained somewhat acid.

Mr. Hilton was led to give the acetate of potash a trial in cases of gonorrhœa from the following considerations: The urethra is in this disease in a highly inflammatory state, and the urine very acid; it is clear that the latter fluid in passing over an inflamed surface must tend to irritate it much, and retard the diminution of the inflammation. The acetate of potash, by its tendency to render the urine alkaline, will therefore remove one of the obstacles which lie in the way of the cure. This same salt has likewise most undoubtedly depurating properties, and its antiphlogistic powers are very remarkable. Its administration, therefore, will have the double advantage of rendering the urine less acid and irritating, and of reducing the inflammatory action all through the system, and as a consequence in the urethral mucous membrane.

Mr. Hilton does not deny the modifying properties of copaiba and cubebs, but he considers that the acetate of potash renders great service in those numerous cases where, from many different circumstances, neither copaiba nor cubebs can be taken. He often uses the latter therapeutical agents when the disease has been subdued by the above-named salt; a few doses of copaiba then complete the cure, and are likely to prevent relapse.—*Lancet*, Nov. 1.

ART. VI.—*On the use of Nux Vomica in Diarrhœa from Exhaustion.* By Dr. Nevins, Liverpool.

Dr. N. mentioned the benefit derived from the employment of nux vomica, in the treatment of diarrhœa from exhaustion, chiefly observed in pauper patients, and especially children. In these cases he had repeatedly found no benefit from astringents and ordinary tonics, but the patients had rapidly improved under the use of the following prescription:—Alcoholic extract of nux vomica (not officinal, but prepared by most wholesale druggists), gr. ss.; rhubarb, gr. ss.; saccharated carbonate of iron, gr. j.; blue pill, gr. ss.; opium, gr. $\frac{1}{8}$; made into a pill, and taken three times daily. In many cases he omitted the opium altogether.

He attributed the benefit to the influence of the nux vomica, which, by stimulating the nervous energy of the bowels, enabled the lacteals to absorb the nutriment from the food, and the large intestines to re-

tain the fæces; whilst, at the same time, the iron acted as a permanent tonic; and the very small doses of rhubarb and the blue pill improved the character of the secretions, without acting as an aperient. Improvement was generally perceptible in a few days, and he seldom had occasion to continue the prescription more than a fortnight.—*Med. Gazette.*

ART. VII.—*On Cod Liver Oil in Phthisis.*

M. Duclos thus sums up the results of his experience with this substance:

1. The presence of fever is what we must chiefly attend to, relying more on this remedy when it is absent. and less when it is present.
2. The remedy frequently arrests the progress of the disease when only in the first stage.
3. It rareiy arrests it when in the second stage, although it may retard it.
4. The third stage is not favorably influenced by the oil.
5. The oil should be administered for a considerable time; and, if a good effect results, it should be suspended awhile, to be again resumed. Thus, it may be given for two months, and then suspended for a fortnight, resumed for a month, and re-suspended for a fortnight again, so as gradually to reduce the length of the intervals during which it is given.
6. The clear, slightly smelling, nearly tasteless oil, is less efficacious than the brown, thick, strong oil.—*Brit. and For. Med.-Chir. Rev.*

Editorial and Miscellany.

AMERICAN MEDICAL ASSOCIATION.

This body will again meet on the first Monday in May, 1851, and resume its labors in the great cause of medical science. It is truly a gratifying reflection to every American Physician, that an Annual Convocation of the learned and good in our profession, is now permanently established, for the noble purpose of maintaining the honor and dignity of the profession, and collecting and combining the scientific facts and resources of this gigantic Republic.

At this altar of universal good, every member of our profession may perform his devotions, and upon its ample shrine, every lover of science may deposit his offering to the cause of humanity. If this Association, with the confidence it has already won from the profession of our country, will base its action upon pure motives,—if all its aims shall be elevated, and its objects consonant with benevolence and truth, it has a destiny to fulfil, scarcely anticipated by its most en-

thusiastic members. The emancipation of the American States from the shackles of ignorance and superstition, the decapitation of the modern Hydra, Empiricism,—are amongst the numerous triumphs it is competent to achieve, if dishonorable and mercenary objects are excluded from its deliberations.

We have, on a former occasion, indicated our views of the policy which should influence the members of the Association; but our remarks had reference to a single matter, affecting, as we believed, the interests of the profession, and which had failed to elicit any action on the part of the Association; although it had been presented in due form, by a prominent and worthy member. It cannot be expected that unity of action can be secured upon every topic which may legitimately occupy the attention of a numerous assemblage of men; for in every department of science and morals, truth is arrived at in a multitude of ways, corresponding, in variety, with the constitution of different minds; and we, therefore, did not express our opinion in regard to many things, about which there may be an honest difference of opinion.

But the truth has an inherent force in itself, which adapts it to the appreciation of every man. Every principle of *right* must be exemplified in the operation of tangible laws, which affect the condition of men in one or more of the relations which they sustain to each other. If this were not the case, the magician and soothsayer might become the oracles of science, and the divine lights, which have illuminated the paths of the philosopher since the Baconian period, would speedily lose their brilliancy. "We do not gather grapes of thorns, or figs of thistles." Error is as certain in its pernicious influence upon the mind and character of mankind, as truth is beneficial and elevating in its results; and as "no tree, being evil, can bring forth good fruit," so no principle, being in itself wrong, can, in its application to the wants or demands of science, be productive of good.

The American Medical Association may take its position before the world; it may assume all the rights which legitimately belong to it, and, whilst it maintains this position by a dignified, honorable and impartial exercise of these rights, it will command the respect and veneration of the virtuous and the learned. But with all the power which is inherent in any combination of knowledge it may embrace, it cannot invalidate with impunity the great laws of justice, or trample under foot the humblest appeal for the protection of professional rights. If it should do so, the act may not at once destroy its form, but its moral force will be lost forever, and it will linger to death, as power has often done, when not sustained by justice and magnanimi-

ty. Great men afford no exception to the saying, that "human nature is fallible;"—they often err, and frequently lack discrimination, and if there is any such thing as auto-biographical fidelity, on the part of many persons of distinguished genius, one very common error, is to admit, amongst the almost exhaustless stores of truth, which such minds often contain, a solitary germ of falsehood; its influence upon the mind will surely increase, and if it do not finally triumph, it will give rise to discord and anarchy. So with every class of opposite principles. Vice and virtue do not flourish together in the same soil, however great the disparity between the forces that serve to develope them.

What is true in one case, as far as these premises are concerned, is true in every case. The principles of the moral law are as binding upon nations, as they are upon individuals; and in every department of human pursuits, ethical principles may, with as much propriety, be applied to combinations of men,—to an entire community, —as to a single person. In fact, commendable associations have a further duty to perform: they must not only illustrate these principles in their own acts, but they must maintain their obligations upon others to the extent of their influence and power, and this is the essence of the relation between a Government and its subjects.

These facts being admitted, let us attempt an application of them to the case of the American Medical Association. This body claims to be the source of ethical law for the American Medical Profession: it has enunciated a code, which its numerous members and the profession generally, are expected to observe, and much, or nearly all of which, relates to the intercourse of private practitioners. Now would the Association admit to membership an individual who had set at defiance every principle of honor inculcated in this code? If so, would not its influence in the enforcement of its principles, be neutralized? Most assuredly; and yet we contend that the American Medical Association has countenanced an outrage upon the principles of justice and honor, as every where acknowledged and received by medical men. We refer to the admission to their deliberations of delegates from a School in Chicago, which, from mercenary and dishonorable motives, reduced their fees of instruction more than one-half, for the purpose of crippling the energy and prosperity of neighboring schools. If the same principles, which this apology for a medical College trampled under foot, had been violated by a village or city practitioner, it would have made him infamous with his brethren; and every honorable man would have rejected his fellowship. No miserable sophistry, in extenuation of his conduct, would have been

listened to, nor would sensible people reply to it. Yet the Association admitted men who represented this school, to membership, and respectable medical journals throughout the country, have published the verbose nonsense of a certain N. S. Davis, who attempts to palliate and defend their trickery. We intend no reply to this garrulous gentleman, for we utterly scout and detest what he would like to have the profession regard as "an argument;" but for our purpose, as connected with an Appeal to the American Medical Association, we will refer that learned body to the absence of all consistency in the course which the Chicago school has seen fit to pursue. A Medical College based on the patronage of a Commonwealth, might, in return for this generosity, educate at reduced prices, or gratuitously, a number of students within the state; but even in case of public or private endowment, the principles indicated in the beginning of this article, would impel them to consult the interests and welfare of other institutions. We do not mean that one school should consult the peculiar interests of others; in the conflict for pre-eminence these may have no connection with the rule of honorable warfare; but there is a common character, in virtue of which each is entitled to a respectful consideration from the world, and from each other, and which should be maintained at any sacrifice. Thus we would say, that even should a school receive the most munificent endowment, and be impelled by her own inclinations to underbid neighboring institutions, the sense of honor, where any was left, would prevent its consummation. But the Chicago school has no endowment; she has nothing of the kind to plead in justification of her abandonment of a system of fees, which had been adopted by the only two schools with which she was in immediate competition. No consultation was sought, with a view to mutual understanding; and with this *prima facie* evidence of dishonorable intention, is coupled the fact, that the reduction of fees was not announced until after the opening of the session of 1849. These are facts, and such facts as should induce the American Medical Association either to withdraw their sanction from the Chicago school, or sustain directly the course which she has pursued.

This is an imperative duty of the Association, because the matter affects very greatly the interests of other schools, which are equally entitled to their guardianship and respect, and which appeal to them for action upon this important subject.

The medical department of the University of Iowa, has ever evinced a willingness to carry out the recommendations of the Association, and has, thus far, done so at much immediate sacrifice in a pecuniary point of view; but she has felt herself compensated by the hope,

that her character and integrity have been appreciated by the medical public, and distinguished from the mercenary course of her northern neighbor.

But the time has come when the great law of self-defence compels her to act. A resolution has unanimously passed the Board of Trustees, requiring a committee to draw up a memorial to the American Medical Association, urging it to act upon this question of fees, and either to take a position upon this subject, or decline to act at all, and give their tacit sanction to any latitude the schools may take in this respect. In either case, the Iowa University will be content. If the action is adverse to Chicago, she will have to recede, for no honorable medical student will matriculate in a school whose tickets and Diploma will not admit him to other institutions on the usual terms. If nothing is done, and thus an implied recognition of the course pursued in Chicago is understood, then the Medical Department of our State can reduce its fees without incurring the censure of other schools, or the disapprobation of medical men.

We desire to attract the attention of medical gentlemen connected with schools in the West, who have been so complacent in regard to this matter, to the fact that the College of Physicians and Surgeons of the Iowa University now rests upon a permanent basis, which no fluctuation in fees can affect. If this Institution is compelled by the silence of other schools and of the American Medical Association, to reduce her fees, she can do it with a much better reason than the Rush College, or perhaps any other Institution in the West. Besides general and ample endowment for her University, the General Assembly at its recent session, passed a law, making the Diploma of the Medical Department a license to practice Medicine and Surgery within this State, thus securing the Institution, as far as State patronage could secure it, a field, inhabited by a quarter of a million of people, and the tangible, available means of enlarging and extending its facilities for scientific instruction, as far as the demands of the profession may require.

But with all this pride and enthusiasm in its favor, the Medical College of this State, will regret the necessity for any change in its policy as to fees. They feel that, besides being an immediate obstacle to the improvement of Medical science, by urging many into the profession whose lack of natural or acquired abilities disqualify them for its important responsibility, it would be doing injustice to neighboring schools, whose labors in the cause of science are laudable and praiseworthy. They would greatly prefer a union with their brethren of the schools upon some uniform rate of fees, which would

place all upon a level in a pecuniary point, and thus, banishing this mercenary and degraded motive from the field, enter the arena and try their might in the inspiring and noble conflict of mind.

Let us hear from our *Confreres* of the medical press. Let the schools act promptly; and, above all, let a voice go up to the American Medical Association which will receive attention; and if this will not do, let no flippant "friend to sound principles," gainsay the position which this, or other Institutions may be compelled to take in self defence. S.

"CURABILITY OF CONSUMPTION, CONSIDERED IN REFERENCE TO A NEW METHOD OF ASCERTAINING THE HEALTHY AND DISEASED CONDITION OF THE LUNGS," is the title of a pamphlet recently issued by M. MATTSON, M. D., of Boston.

The author of this pamphlet, in introducing a new instrument for the purpose of testing what he calls "the vital capacity" of the lungs, justly alludes to the insufficiency of the stethoscope in diagnosing pulmonary tubercles in the early stage of their development, and to the fact that the physical symptoms only become prominent in a stage too far advanced to warrant a rational hope of arresting their progress. He proposes, as a substitute, the Spirometer, an instrument first introduced to the medical world by Mr. Hutchinson, of London. By this instrument he proposes to measure the amount of air that can be taken into and expelled from the lungs by voluntary effort, thus detecting incipient disease before physical signs exist.

The air in the lungs is divisible into two portions; 1st, That over which the will has no control, and which remains after the strongest expiration. This Mr. Hutchinson calls *residual air:* and 2d, That portion which is controlled by the will and muscular action. The latter he divides into three sub-portions. 1st, Reserve air, or that portion which, after an ordinary expiration, may still be thrown out by a voluntary effort. 2d, Breathing air, or that portion inhaled and exhaled in ordinary breathing, when at rest: and 3d, Complimental air, or that portion that can be inhaled, by the strongest effort, beyond the amount of ordinary inspiration. The three last are designated by the term "Vital Capacity."

Allowance must be made, according to Mr. Hutchinson, for physical peculiarities, particularly height. Thus a man five feet six inches high, would breathe out 214 inches of air after a forced inspiration, provided his lungs were healthy. But observations made upon 2000

healthy persons, led him to the conclusion, "that eight additional cubic inches of air, at 60°, were given out by a forced expiration for every inch of height between 5 and 6 feet." From these observations he adduces the general law,—"that the vital capacity is in the height, weight and age, but more particularly the height."

We confess that we are somewhat skeptical as to the doctrine that the capacity of the lungs for inhalation and expiration are, in health, in exact accordance with these laws; nor have we any idea that this instrument will ever supercede the stethoscope in skillful hands. We hope it may prove a valuable aid, however, in detecting the early stages of tuburcular deposit. We are rejoiced to see attention drawn to the subject. Dr. Matson has done good service by directing the attention of the profession in this country to the views of Mr. Hutchinson. We have been highly gratified in the perusal of his pamphlet, and shall be glad to hear from him again.

The question—"Is Consumption curable?" is one of momentous interest to a large number of the human family; and he who shall be able to answer it in the affirmative, will deserve the lasting gratitude of his race. A.

DR. DAVIS' HISTORY OF MEDICINE.

This gentleman seems to have been singularly unfortunate in his efforts to acquire notoriety and fame. Some years ago, as Editor of a small medical pamphlet, published in New York, he sought distinction by advocating some wild eccentric notions of medical education, and by keeping up a constant abuse and defamation of the regular medical profession of the United States. Finding his efforts unavailing, and receiving nothing but contempt for his labor, he sought and obtained a place in a Medical School at Chicago, Ill., where he has been manufacturing "Doctors" at wholesale during the past two years, and contradicting all of his former pretensions, by extending an indiscriminate privilege to every one who chose to enter himself for the degree.

But this was still behind his ambition, and he attempted to write a book. We have already transferred an article into the Journal, showing the appreciation which the press entertain of his disinterested efforts.

The work will fall still-born from the press; but as illustrative of the integrity and independence of medical journalists, we shall give a further notice below from the Western Journal of Medicine and Sur-

gery, edited by Dr. Theodore S. Bell, a gentleman well qualified to judge of the merits of such productions, as every one will admit.

We sympathize with the author, in a misfortune which his peculiar mental constitution did not enable him to anticipate.

"Our confrere of the New York Journal of Medicine gives Dr. Davis a severe castigation for the work dignified with the title of History of Medicine. We think the profession generally will coincide with the sentiments of the reviewer; Dr. Davis' History of Medicine is neither a work of information nor accuracy. Instead of being a history of American Medical Institutions, it is a gross caricature of the subject. It proclaims deficiency where none exists, and assails the profession in a style that is neither truthful nor useful. The man who rises from the perusal of Dr. Davis' History, under the impression that he has read the details of American medical history, will make as great a mistake as he would in supposing he had read the history of America, in reading Paulding's History of John Bull and Brother Jonathan.

The united efforts of medical men should be directed to the elevation of professional excellence, an object not likely to be promoted by such works as the one which Dr. Davis courteously calls a 'History of Medical Education and Institutions in the United States.'"

APPROPRIATION TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE IOWA UNIVERSITY.

We noticed in our last number, the reception of a bill, passed by the recent session of our Legislature, providing for the legal connection of this Institution with the Iowa State University, and making provision for its permanent organization; likewise giving the Medical Board power to confer Degrees, and making the Diploma a license to practice medicine in Iowa. We stated at the same time, that by virtue of this connection, an endowment adequate to the future wants of the Medical Department, would be realized.

As the endowment then alluded to was a part of the general University fund, it was feared by the General Assembly, that this could not be placed in a tangible or available form, at a sufficiently early period to relieve the Medical Department from those embarrassments and wants incident to its early struggles. To meet these, they, therefore, made an additional appropriation of $5,000, for which the Medical Faculty now present their acknowledgments. By this immediate and opportune aid, they can greatly extend their facilities for medical teaching, and make ample preparations for the prospectively large class of the next session.

ECLECTIC MEDICAL JOURNAL.

The "Western Medical News" has been sent to us, but we must decline to exchange. It is an emanation of the Memphis Medical Institute, conducted by an association of physicians calling themselves "Eclectics." We regard Eclecticism, according to the acceptation of the disciples of this school, as the veriest humbuggerry. Its teachers degrade themselves, and a profession of which they are unworthy members, by practicing a species of demagoguism incompatible with sound medical literature. They court popular favor, and pander to public prejudices, by attempting to harmonize, by an unnatural amalgamation, parts of systems diametrically opposed, and wholly irreconcilable with each other. In this respect they lack the *consistency* at least of other forms of empiricism. We can entertain for the little globules of Homœopathy a certain degree of respect; and the cleanliness and purity which we associate with the ablutions of Hydropathy, atone for much of its quackery *as a system;* but with Eclecticism,—mongral eclecticism, we can have no respect or fellowship whatever. A.

ATTENDING FAMILIES BY THE YEAR.

We are exceedingly happy to see this contemptible custom so universally reprobated by the Medical Press.

We commend the following extract from the St. Louis Probe, to the attention of medical gentlemen who hold a lien upon the confidence of their patients by virtue of a twenty dollar contract:

"The plan of attending families by the year is dictated by a trading, mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher, or the iceman, but is clearly out of place among physicians. We are glad to hear that notwithstanding the efforts of some members to have it recognized by the Medical Society, that respectable body unhesitatingly condemned it."

Mr. H. R. Gillmore is the travelling Agent for the Western Medico-Chirurgical Journal, for the States of Iowa and Illinois, and is authorizsd to receive subscriptions and receipt for the same.

Eds.

TO THE SUBSCRIBERS OF THE JOURNAL.

The terms of our subscription to the Journal are *in advance.* Still many on our list have not paid us. We hope they will not forget us. We are in debt to the publisher—he wants money, and we must pay him, and our reliance is on the fidelity of our subscribers. May we not rely on every one, who has not done so, forwarding us the amount of his subscription immediately?

Liquid Muriate of Opium.—In order that we may have an uniform strength of this valuable preparation of opium, and that the strength may be the same as that of laudanum, the editor of the Boston Medical and Surgical Journal recommends the following formula:

℞, Pulv. gum opii, acid hydrochloride a a ʒi; aqua distill., ℥xii; spiritus gallici, ʒiv. M.

Digest, or make by *displacement*, which is preferable.

NEW WORK IN PRESS.

We learn by the New York Register of Medicine and Pharmacy, that Lea and Blanchard, of Philadelphia, have in press a new work on Diseases of the Urinary Organs, by S. D. Gross, M. D., formerly of Louisville, Ky., but now Professor of Surgery in the University of New York.

Dr. Gross is emphatically a *Western* man; he has grown up amongst us, and while a resident of the Mississippi Valley, made many valuable contributions to our American Medical Literature; and, judging by his well-earned reputation as an author and teacher, we have no doubt but that the forthcoming work will be a valuable monograph on the subject of which it treats.

Annual Commencement of the Medical Department of the Iowa University.

The Annual Commencement of this Institution took place on the 26th of last month. The degree of DOCTOR OF MEDICINE was conferred on ten gentlemen of the graduating class, by THOS. H. BENTON, Jr., President of the Board of Trustees; and the Valedictory Address delivered by Prof. McGugin.

The prospects of this Institution have never been so flattering as at present. With an endowment sufficient to relieve all present embarrassments, and a determination on the part of the Facutly to spare no pains in illustrating and teaching their several departments, its success must be commensurate with the most ardent wishes of its friends.

METEOROLOGICAL REGISTER FOR MARCH, 1851.

PREPARED BY JACOB RUMMEL, ESQ.

Fahrenht's Thermom'tr.					Winds.		Character of Weather.		
Date.	6 A. M.	12 M.	6 P. M.	Mean Temperature.	Course.	Velocity	A. M.	P. M.	Quantity of Rain and Snow
1	26	34	32	30	S. W.	Fresh	Cloudy	Cloudy	Snow, ½ inch.
2	22	33	28	28	Calm.	Calm	"	Fair	
3	22	41	38	35	W.	Fresh	Fair	"	
4	28	35	40	25	"	"	"	"	
5	34	51	39	40	"	Brisk	"	"	
6	29	52	31	39	"	Fresh	Cloudy	"	
7	39	56	54	50	S. W.	Brisk	Fair	"	
8	42	57	46	45	W.	Fresh	Cloudy	"	
9	22	32	29	27	"	"	Fair	"	
10	21	28	23	22	N. W.	"	Cloudy	"	
11	12	26	25	23	Calm.	Calm	Fair	"	
12	26	44	38	40	W.	Brisk	Cloudy	"	
13	39	38	36	38	S. W.	"	"	Cloudy	Rain.
14	43	39	26	31	W.	Fresh	"	"	Rain ⅛ in., Snow ¾
15	12	28	21	21	N.	Brisk	Fair	Fair	
16	17	30	28	25	W.	Fresh	"	"	
17	29	47	26	31	S. W.	Violent	"	"	
18	13	36	34	31	S.	Pleasant	"	"	
19	37	40	39	39	W.	"	Cloudy	Cloudy	Rain, 2¼ inches.
20	38	40	37	37	"	Fresh	"	"	" ¼ "
21	33	36	32	33	N. W	"	"	"	" ¾ "
22	29	53	36	42	S.	"	Fair	Fair	
23	48	58	46	48	"	"	Cloudy	"	
24	33	39	33	34	N. W.	Pleasant	"	"	
25	20	49	51	47	W.	Fresh	Fair	"	
26	50	33	27	31	"	Brisk	Cloudy	Cloudy	Rain and Sleet, ¾ in.
27	14	22	19	17	N. W.	Fresh	"	"	
28	18	30	26	26	W.	"	Fair	Fair	

NOTES.

Mean temperature for the month, 33 5-6°. Greatest variation in one day, 24°; least, 3°. Rain in the month, 4½ inches. Snow, 1¼. Cloudy days, 8; clear, 14; variable, 6.

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ART. I.—*Bi-cephalous Fœtus—Use of Forceps, &c.* By NICHOLS HARD, M. D., Professor of Anatomy in the Medical Department of the Iowa University.

Sept. 1843.—Was summoned to meet Dr. M. in consultation, twelve miles in the country, with request to bring obstetric instruments. On my arrival, found a young, robust Irish woman, in *primi-parous* labor. Dr. M. stated, that he had been in attendance twelve hours. The head was engaged in the pelvic excavation when he arrived, and had not advanced in all this time, notwithstanding the pains were strong and frequent. The patient seemed now considerably exhausted, and the pains inefficient; hence the consultation.

On examination, found the fœtal head of moderate size, low in the pelvic cavity, presenting favorably. Left occipito-acetabular position. The rotation of the occiput had not taken place. I suggested the propriety of effecting this movement by manual aid, which I readily brought about, by using one blade of the forceps as a lever. Ergot was then given,—the uturus responded promptly,—strong pains set in, and lasted two hours, without any perceptible advance. The pains began to flag, and I determined on delivery with the forceps, The instruments were introduced, and locked with ease, and without giving pain to the patient, and the ordinary tractions made; but, to my surprise, no headway was made by the head. I increased the tractile efforts greatly, finding the patient made little complaint, but effected only a slight advance, which was immediately counteracted by the elasticity of the object and the parts, as soon as the force ceased. Finally, on redoubling my efforts, I succeeded in bringing the head through the bony strait; removed the blades, and explored with the finger, when, lo! a *second* head and neck were found, con-

nected to the same trunk, turned over backwards, and firmly pressed against the chest.

The delivery was finished by the use of the hands alone, of a large, mature bi-cephalous fœtus. The placenta was normal and came away readily. The patient did well; having, as the women call it, "a good *getting up.*"

DESCRIPTION OF THE FŒTUS.

The monster was a *male;* genital organs natural; weight, 10 lbs.; length, 20 inches. From the pelvis downward, the conformation was natural, with the exception of club-feet. Both feet were turned inward, constituting the deformity called *Talipes Varus.* The two heads were of equal size, each a little smaller than an ordinary fœtal head,—well formed, and covered abundantly with black hair. The features of face were regular and symmetrical—no idiotic expression. Each head was supported by a well-formed neck,—the left a little the longest. There were two vertebral columns uniting low in the dorsal region, into one lumbar column. The sternum was bifid, branching at the lower third of the bone, into two, receiving four clavicles into the superior angles. The two outer clavicles were connected with a natural scapula on each side, from which depended well-formed arms. A third scapula, irregular and rudimental in form, existed between the two necks, sending a clavicle to each branch of the sternum. The thorax was large and broad, but not ill-formed. Such is a brief description of this remarkable monstrosity, obtained from inspection of the surface. As I failed to get possession of the specimen,* I of course know nothing of the internal conformation.

How interesting would have been a dissection of this fœtus! The arrangement of the thoracic viscera, and more especially the distribution of the great aortic branches, to the two heads, as well as the bifercation of the medulla spinalis, and the bearings and reciprocal connections of the two great nervous tracts, would have made a bill of attractions for the eye of a Hunter.

This monstrous fœtus was alive when labor commenced, as was indicated by its movements. It had every mark of *viability*, and could its expulsion have been effected without mechanical injury, I know not why it would not have lived and grown. But its passage through

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*The writer was residing in Michigan at the time the above case was met with, and just on the eve of moving to Illinois; which circumstance contributed to frustrate his efforts to get possession of the specimen. I have since learned, that it was finally obtained by Dr. M., the attending physician, and is doubtless still in his possession.

the bony pelvis could only be effected at the expense of one neck; thereby proving that the old adage, that "two heads are better than one," does not obtain in intra-uterine life.

THE MECHANISM OF PARTURITION,

In this case, was highly interesting. It is well known to the profession, how much at fault is the obstetric art,—how meagre its rules, in regard to the management of monstrous births. The *Embryo-tomic* instruments, almost expelled by modern midwifery, are yet held as the chief means of relief in this exigency. In the present case, the natural movements, and adaptation of forces, were most admirable! No other position, or mechanism, it seems could have permitted of delivery, without mutilating and dissecting it away. In the commencement of labor, the two heads presented to the brim of the pelvis, the back of the fœtus looking forward to the mother's abdomen. In this position, the uterine contractions gradually forced down the left head, (the neck of this side being a little the longest,) into the excavation. The right head, in the mean time, was retained above the brim, and the forehead impinging upon the body of the right os pubis, was gradually turned back, till the occiput pressed against the back of the thorax; and in this way the trunk and second head were dragged through the outlet together; the neck being broken.

The beautiful and harmonious laws of development, lately deduced by M. Serres and others, from the study of the reproductive function in her aberant mood, has clothed this subject with a new and philosophical interest, heretofore unfelt. We believe it to be the duty of the profession to contribute to this interesting department of Physiology, by putting upon record whatever facts of this nature may come under their observation.

ART. II.—*Effusion into Serous Cavities—a Sequel of Scarlatina.* By THOMAS KERR, M. D., of Elgin, Ill.

Master K. Brown, five years of age, lymphatic temperament, was seized with a well marked attack of scarlet fever on the 30th of January last. The fever did not run high, the eruption was well developed, and after three days confinement to his bed, he began to convalesce.

Desquamation followed, till the whole surface appeared to have peeled off. Some days after the patient's apparent recovery, he complained of stiffness in the joints, and his face, feet, ankles. and hands became somewat puffy and œdematous. These symptoms returned

at times, till February 24th, three weeks from the first attack, when the breathing became alarmingly difficult and labored. On the morning of this day, he passed about four ounces of dark, turbid urine. During the 24th, and three following days, effusion into the chest became very evident, in the respiration and physical signs presented on examination. The pulse failed on the 25th, and the heart appeared to be almost smothered in its action, for its movements were quite indistinct, and evidently communicated to the ear through fluid. The whole chest below the clavicular regions was dull on percussion; there was an entire absence of the vesicular murmur in the middle and lower lobes of the lungs; intense puerile respiration in the subclavicular regions; while over the entire chest, gurgling and splashing sounds were heard, especially on changing the patient's position. On one occasion, so evident did this become, that the patient himself, placing his little hand over the lower portion of the chest, said, "it hurts here, it feels as if water was running inside."

The abdomen became gradually distended, and perfectly dull on percussion. The patient was generally in a profuse perspiration, and from the morning of the 24th to that of the 27th, passed, in all, about a pint of urine only, and that of the same character as discharged on the 24th.

Digitalis, Bi-tartrate of Potash, Uva-ursi, Spts. Nit. dulc., with diluent drinks were given as diuretics; Brandy, ammonia, quinine, &c. as stimulants, and various cathartics were used, which produced watery stools.

On the 1st March, the patient died. No urine had been discharged for fifty hours previous to his death. He made no complaint of pain during his whole illness, except on the single instance above alluded to; his mind was perfectly clear till near the last moment of his existance; and notwithstanding the extreme dyspnœ he labored under during the last 72 hours of his life, he gave no sign of impatience or suffering, quietly breathing his last, and passing away as the gentle summer's cloud.

POST MORTEM.

Pericardium completely distended with a clear, limpid fluid; the middle and lower lobes of the lungs hepatized by a parenchematous infiltration of serum, while over a pint of the same liquid was found between the pleuræ. The abdominal cavity contained a considerable quantity of fluid also; the kidneys were enlarged to the adult size, engorged and dark colored; and the bladder contained a dark and turbid fluid. The heart was displaced towards the right side; the liver seemed perfectly engorged, and emitted a creaking sound when

cut, as did the substance of the solidified lungs. The right and left auricles, and the right ventricle of the heart were empty, while the left ventricle was impacted with dark impure blood.

The sequelæ of Scarlatina are worthy of the most careful investigation, so insidious and dangerous are they in their character. In the case here presented, the patient, though not permitted to go into the open air, still enjoyed the range of an ample house, which he fully availed himself of in play with his young companions, for the whole time between the convalescence from the fever, and his last illness; being a period of three weeks. During this time, though evidently valetudinary; no symptom demanded active interference; he partook of food regularly, and passed the night generally in refreshing slumber. It was apparent from the 24th, that effusion was taking place, and when the kidneys failed in their office, and could not be roused to action, but little hope remained for the patient's life. There was an entire absence of any febrile action in the dropsical symptoms; it was, throughout, a passive, asthenic action.

The temperament of the patient favored the effusion. The prostrating, anti-vital influence of the scarlatina poison, must have in a measure produced in the whole economy an asthenia, and in particular, so influenced the renal organs, that the watery portion of the blood, and the effete matter, which ought to have been depurated through them, were retained; the former, to clog the machinery of life, and the latter, to produce still further a depressing and devitalizing influence on the whole organism.

That the effusion formed after death was of a passive character, was still farther demonstrated by the absence of lymph on the serous surfaces of the cavities examined. When active inflammatory action arises in a serous membrane, the effusion of fibrin is a constant event, and the surface is found to be either studded with fibrinous points, or the opposite surfaces glued together, or connected by bridles of lymph.

Here, the pericardium, the pleuræ, and peritoneum, were smooth and glistening, presenting a natural appearance, though somewhat sodden and whitened.

If the kidneys had maintained their integrity, in all probability the system would have rallied and survived; but with an entire atony of the serous membranes, and the retention of the liquid excretions, life succumbed. There was but slight anasarca, the serous membranes appeared to bear the burden of the asthenia.

Now, the question is, What will produce the most favorable action on the kidneys after scarlatina? Doubtless, tonics, and generous

diet are indicated, and in this case were faithfully followed; but what will arouse the secerning power of the renal organs? Every article, medical and domestic, known as a diuretic, was fully tried, but of no avail; it might have been too late,—but will not the history of the case warrant the opinion, that the kidneys were completely overpowered in their action, and that dropsy, as a *sequel* of scarletina, demands our most earnest and careful attention.

ART. III.—*An Injury of the Spinal Column, producing Para-plegia —of seven years' standing, and exhibiting the phenomenon of Reflex function in a striking manner.* By ORPHEUS EVERTS, M. D., of St. Charles, Ill.

Eldridge Walker, aet. 26, farmer, good constitution, though slender build, residing in the town of Clarke, District of Newcastle, Canada West, in the month of January, 1843, went into the pine forest to chop trees; commenced work about sunrise, ¾ of a mile from any habitation; felled a large tree, which caught and bent forward another standing in its way, upon which leaned the trunk of a topless stub about fifty feet high. The bending tree sprung back violently and cast the stub from it in an opposite direction from the original lean, and immediately in direction of Walker, whose body was partly protected by a standing pine, his face looking from the other side, watching the motion of the first tree, and unconscious of the stub approaching him from the re-ac,ion of the second.

The stub struck him (while in a partially bent position towards the right) on the left side of the chest, dislocating four inferior ribs from the vertebral articulation, and tearing one or two from the sternal cartilages; at the same time partially dislocating the ninth dorsal vertebræ, driving the superior portion of the column to the right, and leaving the inferior on the left of a vertical line, crushing him to the earth with his thighs flexed under the body; sinking his knees several inches into the ground, (unfrozen) covered at the time with twenty inches of snow.

Mr. Walker found, on recovering from the shock, that the stub was supported with logs, &c., in such a manner as not to rest upon his body, though pressing him so closely as to compel him to extricate himself by digging the snow and earth away with his hands. This was done at the expense of the skin of both hands; he dragged his body forward, and, for the first, discovered the total loss of power and sensation in the lower extremities. Supposing his destiny fixed,

and doom sealed forever, he dragged himself by his hands several rods to a sled track beat in the snow; took his vest, folded it up, laid it in the track, and rolled himself over into it,—straitened himself out on his back pillowed on the vest, and folded his arms *to die!* At 11½ o'clock, two young men chanced to pass that way, and discovered him,—as yet unfrozen, though in his shirt sleeves, and in the middle of a Canadian winter, was removed home. Drs. Galbraith and Lois were called; bled him several times, used occasional cathartics, and used the catheter daily for four months. This constituted the whole medical treatment. Mr. W. says he discharged large amount of bloody matter from the bladder, and suffered awfully for six months, in the region of the injury, but especially with the renal affection resulting from it.

In six months was able to turn his body slightly; had dispensed with the catheter; appetite was good, and urine natural.

In sixteen months from injuary, Mr. W. removed to Illinois, all the way upon a bed; but soon after was enabled to set up, and has since observed no change in any particular from what now presents inself.

Present condition: Anatomically—Spine below the point of injury, curved; cartilagenous enlargements about the injury and ends of dislocated ribs; body and upper extremities emaciated from want of exercise, but in an apparent physiological condition; appetite good, digestion good, circulation as would be indicated from habits, using but little exercise. Below the point of injury, more emaciated, of a leaden cast, from want of tonicity in the tissues generally, and sluggish cutaneous circulation. *Pathologically*,—Perfect paralysis, so far as *will* is concerned, of lower extremities and sphincters; constant im pression throughout the whole extent of surface below the injury, of formication, or prickling, as limbs "asleep," familiar to every one, with sufficient sensiblity, to detect heat and cold,—and touch very imperfectly. Is also conscious of desire to urinate, &c., but unable to control the sphincters.

Phenomena.—Any exciting cause,—touch, heat, cold air, sudden motion of clothes, in fact any external impression from heel to thigh, will produce violent motion of the lower extremities, unguided and unknown to the *will*, except by sight and jarring of the body above. These motions subside gradually, and recur as often as exciting causes applied, frequently waking him from sleep, from agitation of bedclothes, or other cause, which, from the first, has been but imperfect, from the constant tickling and burning sensation of the parts, as well as motion. Mr. W. has suffered some from ague, since in Ill., and the various stages of chill, (propably) heat and sweating was exhibit-

ed as well below the injury as above;* his limbs are generally moist, with a clammy glutinous perspirtion.

Remark.—We are led to infer, from the above facts, that the lesion in the spinal cord is one of simple compression by the displaced vertebræ, and perhaps thickening of the membranes, sufficient to intercept *telegraphic* communication to and from the brain; while the cord below remains in a healthy condition. and acts as an independent nervous centre, presiding over the motion of the lower limbs, bladder, sphincters, rectum, &c., all of which are subject to its rule when acted upon by eccentric agencies, as accumulation of feces, urine, or external applications, illustrating the theory of M. Hall in a most interesting manner, and would have been sufficient, without other evidence, to have established the doctrine of "Reflex function," as promulged by him.

ART. IV.—*Report of a Case of Hydrocephalus.* By G. A. Bunker, M. D., of Kaneville, Ill.

In the latter part of Oct. 1850, my attention was called to a female child, four weeks old, in consequence of an enlargement of the head, which had first been noticed by the parents about a week previous.

At birth the child was, to all appearance, healthy, and size of the head normal. When about a week old, it was attacked with convulsions, which were attributed, at the time, to some intestinal irritation, and in the course of a few days yielded to appropriate treatment.

Subsequent to this, the patient seemed to be in good health, and grew finely until the enlargement of the head was first noticed, when she became irritable.

No treatment was instituted at this time, but the mother was directed to make an accurate measurement of the head, from day to day. But a few days had elapsed before I was again summoned in consequence of the now rapid enlargement.

On examination the head was found to have increased nearly two inches in size since the first measurement. The sutures were all widely separated, and the scalp covering them, tense and convex.

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* I mention the above, as illustrating a point, with regard to the effect of malarious poison on the nervous system,—as in a case of dislocation of the dorsal spine, with perfect lesion of the chord, observed by Prof. Hard, during an attack of intermittent, the changes above referred to, were entirely absent below the point of injury.

This condition, together with dilitation of the pupils, strabismus, subsultus tendinum, and costive bowels, clearly proved the case to be one of Chronic Hydrocephalus.

Ordered calomel, one-fourth of a grain once in six hours, with decoct. Buchu, sufficient to keep up free diuresis. Also, the cold douche to the head twice a day, and cloths wet in cold water, to be kept constantly applied; sinapisms to the feet.

At the end of a week the symptoms were all much aggravated; the head constantly enlarging, together with paralysis of the right side. Continued treatment. Ordered a tight fitting woolen cap, after the method recommended by Gœlis, applied to the head so as to exercise a moderate and equable pressure. This, however, was discontinued after a day or two, as the pressure seemed to have produced convulsions.

At the end of another week, there was no material alteratien in the condition of the patient. The head still continued to enlarge, though not so rapidly as before. Increased the calomel to one and a half grs. in twenty-four hours in divided doses; used sweet spts. of nitre in place of Buchu. Ordered the cold douche three times a day, with occasional warm pediluvia.

For another week the size of the head remained the same; the sealp covering the sutures, was not so tense as before, and the paralysis was gone.

At the end of about four weeks the calomel was omitted, the appearance of the patient being much changed for the better. At this conjuncture a fine vesicular eruption broke out over the entire scalp, extending slightly to the neck and arms. The head was diminished in size, and the scalp covering the sutures, was now flaccid and concave. Resumed the use of the cap. Since the omission of the calomel the bowels had again become costive; mild aperients were ordered; the diuretic and cold water were continued, until about the 15th of December, when all treatment was discontinued, the child appearing to be in the most perfect health.

At this time the head was very little larger than natural, but of rather an annomolous formation in consequence of a depression of the os frontis half an inch below the parietal bones, which meeting formed an arch at the sagital suture.

The long continued use of the mercury was productive of no unpleasant results. Up to the present time, March 1st, the child has enjoyed excellent health, is quite fleshy, and large of its age. A slight degree of strabismus, however, remains. This, together with the depression of the os frontis, are the only traces of the disease whic now remain.

Remarks.—In this case it is well to inquire what cured the patient? Did the mercury cause absorption of the fluid? or was it drained from the head by the action of the diuretic? or would both combined, have effected a cure without the external application of cold water?

By its use the head was kept at a low temperature during the entire course of treatment. Looking upon undue fullnes of the cerebral vessels, as one prolific cause of serous effusion, the cold douche was resorted to for the purpose of obviating this condition; that to effect this, it is a remedy of great power cannot be doubted.

In the treatment of serous effusions, this principle should not be lost sight of, viz: That "when the veins are distended to a certain degree with a watery fluid, the entrance of more of the same fluid through their sides, is impeded, or prevented,"—thus interfering with, or entirely suspending, the process of venous absorption in the part. On the other hand, "when the veins are comparatively empty, the surrounding serous fluid readily passes into them, or, in common langanguage, is absorbed."

Cold water, then, by removing venous congestion, allows nature to set up the process of absorption in accordance with her own laws.

Reasoning from the above principles, and from its effects in this case, I am inclined to look upon the employment of the *cold douche*, in the disease under consideration, as a powerful adjuvant to other treatment. It is indeed an agent of great and varied curative power; its virtues, as a therapeutic agent, have been too little tested, and for this reason, and from the conviction impressed upon my own mind that it was a very valuable adjuvent, to say the least of it, to other remedies employed in the treatment of this intractable difficulty, I would respectfully invite others to test its remedial merits, and submit their observations to the profession.

ART. V.—*The Treatment of Diarrhœa and Disentery as they prevailed in Cincinnati in* 1849-50, *with remarks by the Ed.*

We have learned to receive with many grains of allowance the statements made by enthusiastic practitioners as to remarkable cures performed by them, or remarkable success attending some peculiar mode of treatment in special localities. The prevailing epidemic influence of the season—the mingling of varied elements of disease, or the locality itself in which the observation was made, may so modify the type of disease, that the treatment found most successful in its

cure might disappoint others, whose observations were made under different circumstances.

There was perhaps no point in the valley of the Mississippi more severely afflicted the past summer with Diarrhœa and Disentery than Cincinnati, and no point where observations on treatment have been more carefully collated. For this reason we extract from the *Western Lancet*, published at Cincinnati, for the benefit of our readers, the following suggestions. And first, we introduce W. W. Dawson, M. D., Resident Physician of the commercial Hospital, whose success in the use of PYROXYLIC SPIRIT in diarrhœa, as will be seen by his report, was very marked. In speaking of this article he says:

"It was introduced into use in this house under the name of *Acetone.* The article now employed as a medicinal agent, is not the acetone of the pharmacopœia, nor is it probable that this latter agent is the one introduced by Dr. John Hastings in phthisis, and afterwards used with some success by this gentleman, in rheumatism, gout, &c.

The U. S. Dispensatory speaks of pyroacetic spirit or acetone as the preparation used by Dr. Hastings, but from the best evidence we now have upon this subject, it is evident that he used the pyroxylic spirit or the genuine 'wood naptha.' The two articles are entirely different, both in their chemical and physical properties.

We began using pyroxylic spirit early in the spring, and have continued its use during most of the past summer. In the early part of the season, there was a great tendency among the inmates to bowel disease; this disposition continued, becoming more troublesome, until genuine cholera made its appearance.

There were but few cases of diarrhœa that did not yield to this remedy, and that too as readily as to any other agent, the reputation of which is well established. In several cases which had resisted the influence of other remedies, this article succeeded in arresting promptly the discharges. We found it necessary, after fluxes from the bowels had become more prevalent and not so easily controlled by other agents in common use, as was the case the nearer we approached the beginning of cholera, to increase the quantity and to give it at less intervals. At first, we arrested almost every case of the acute form of the disease by doses of *ten drops* given every four or six hours; but we found it necessary, later in the season, to give twenty drops every two or three hours.

It was given in five cases of phthisis pulmonalis, but seemed to do good mostly by arresting the discharges from the bowels, that are so troublesome and exhausting in this fatal malady. Accomplishing this much, as it assuredly does, entitles it to our notice in the management of this disease. If we were to say that it likewise had some control over the irritability of the pulmonary organs, it would probably not be asserting too much in its favor. In these cases its influence was not permanent; it was necessary to repeat it every few days, but it is without doubt the best remedy that we now possess in the diarrhœa so constant upon the consumption

Twenty-five cases of acute diarrhœa were treated in the medical ward. About one-half of this number yielded in from sixteen to twenty-four hours, under doses of ten drops given every four hours, one drachm being sufficient to control the disease. The remaining cases occurred at a season when bowel diseases were more obstinate and required larger doses and repeated more frequently. Four drs. were generally sufficient. Six of these cases had resisted the influence of other remedies.

Five cases of chronic diarrhœa were cured by this remedy alone. They were of long standing, and had been unsuccessfully subjected to almost every species of treatment. They began to improve under its use in from two to three days, and at the end of a week were entirely restored.

In the surgical ward diarrhœa was very prevalent during most of the summer. *Thirty cases* were treated successfully. Some of them were of an acute character; others were chronic, occurring in debilitated constitutions, and in constitutions vitiated by diseases of long standing. In one case, occurring in connection with hepatic abscess, the disease had resisted all other remedies.

In two cases of paralysis, where the discharges were frequent and involuntary, this was the only agent which seemed to have any control over them.

It was used indiscriminately in diarrhœa occurring in connection with fistnla in ano, ulcers, fractures, abscesses, syphilis, &c., and with admirable success.

The best mode of administering it, is in mucilage of gum acacia. It is not unpleasant to the taste or offensive to the stomach. The success with which it has been used in this house entitles it to our confidence, and we have no doubt it is worthy the attention of the profession.

Its modus operandi is yet but little understood. It occurred to me that its action might depend upon its having power to arrest endosmosis and exosmosis. I instituted some experiments to test its properties in this respect, and succeeded so far as to fully establish in my own mind the truth of this opinion. At the time these investigations were made the weather was so warm that the membranes of which my endosmonetors were in part formed, underwent such change as to unfit them for use before the experiments could be fully made. I have but little doubt, but that subsequent investigations will prove that this agent exercises an influence over the mucous membrane of the bowels similar to the one I have indicated."

We shall now present to our readers a paper read before the Medico-Chirurgical Society of Cincinnati, on

Epidemic Dysentery of 1849–50. By John A. Murphy, M. D.

Our space will permit us to present but a syllabus of his article; enough, however, to give a general idea of the disease and the treatment found most successful in its cure.

In speaking of the general character of the disease he remarks,

that it "was severe in its onset, wonderfully rebellious to treatment, accompanied by the entire and perfect depression of all the powers of life." This he attributes to the epidemic virus of cholera. He rejects, in just terms of reproach, the Hepatic pathology of the disease. The mercurial practice was found wholly inefficient and inapplicable, and depletion of any kind was illy borne.

If we are not mistaken, the dysentery which he describes was not peculiar to Cincinnati. Physicians of other regions will recognize the picture which he so faithfully draws:

"The disease consisted essentially of a low type, with a strong tendency to terminate in rapid ulceration and gangrene. If a post mortem examination of the fatal case could have been had, I think that ulceration of the larger part of the colon, with gangrene, would have been found. The ordinary signs and symptoms of severe inflammation of a tonic type, were not present at the beginning of but few cases. I should not be much astonished for any one to tell me, that he had treated a case successfully either by decided general or local bleeding. The disease was well marked by all that debility and utter prostration, which accompanies extensive disease of the glands and mucous lining of the bowels. Instead of the full, strong pulse, hot skin, tenderness on pressure along the track of the colon, there was the frequent, small, weak pulse, damp, clammy skin, with coldness of the extremities, facies hypocratica, constant tormina and tenesmus and dragging in the lower part of the abdomen, accompanied with urgent desire to go to stool almost constantly. These were a grave class of symptoms, and demanded, as every one well knows, the very opposite of the depletant treatment."

Several conditions of the disease are described, viz: that following other diseases,—that which began as mild dysenteric diarrhœa,—that in which the patient was seized with the disease in all its severity, at the very onset; and the chronic form. As embracing the most common form we select the following paragraph:

"In the second class, or that of dysenteric diarrhœa, or when the stools contained healthy feculent matter, mixed with blood and mucus, and accompanied with tormina and tenesmus, the treatment, if early, was easy and efficient. The stools, in this class, were frequent, though tenderness along the colon was not, as a general rule, well marked. Fever was present in very few cases. The dragging in the lower part of the abdomen was generally, and in some few cases was painfully, present. I noticed in all cases a strong disposition to ulceration at an early period. This ulceration was not confined to the rectum, but extended as high up as the head of the colon. The disease similated, in this respect, the severe ulceration of the bowels of 1846, which prevailed along the Ohio and Mississippi rivers. It was this ulceration which carried off so many of the returning and discharged volunteers of the army in Mexico. It prevailed largely in this

city at that time. In the Hospital, during that year, I treated a large number of this form of ulceration, and can say that, in many respects, the two diseases were much alike. That ulceration was the disease itself, while this was an early result."

So much for a concise but general description of the disease. The treatment being somewhat different from that laid down in the books, we present it entire:

"The treatment, then, of this disease, as ordinarily pursued and relied on, failed, or was inapplicable. I mean by this treatment, general and local bleeding, astringents, injections and mercury. The most important of these agents opposed to and cutting short inflammation, blood-letting, was wholly useless, for the reasons I have given in passing. Local bleedings by cups, amounted to but little, as the quantity of blood abstracted by the cups, was too small to lessen or influence the inflammation. The benefit resulting from their use was attributable to the counter-irritation. Astringents, as acet. plumbi. tannin, combined with opium, did not act well in the majority of cases. The controlling effect exerted by them was manifested very late, and that in very few cases. I have seen patients, while taking 3 and 4 grs. acet plumbi. with ss. gr. opium every three hours, have just as many stools, and in every respect as painful. Calomel, or blue mass, in conjunction with astringents, acted no better. It was not the disease for calomel as an alterant. Of injections I can speak with no more commendation. Indeed, I am sure I have witnessed the sufferings of the patients increased by enemata; and that, too, by those composed of simple muscilage and laudanum. Very often the smallest and most soothing injection dexterously administered, would not be retained a minute. The tenesmus was so severe, the irritability of the anus and rectum in other cases, was so great, that a smple suppository of extract opii would be expelled the instant it was introduced.

My precept of practice in regard to the use of enemas, was founded on the severity of the tenesmus: if it was great, if almost constantly present, and if accompanied with small, bloody mucus and puerlent stools, with odor of mortification, I did not order them. I did not order them, for I soon found they would not be retained, and often aggravated the tenesmus. I have used a great many articles in enema, as acet. plumbi. tannin, tinc. opii, bals. copaibæ, mucilage, &c. In several cases, enemas of cold water were not retained for any length of time, and did not seem to have any good effect.*

The idea of salivating patients under such circumstances, is a very bad one: the attempt to do so is very profitless and oftner impossible. The treatment is not as rational to me as that of salivating a patient with typhoid fever, and that I hope every one here believes it utterly

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*In the discussion to which this paper gave rise, there was a general disagreement with the author, as to the use of enemas. Prof. Lawson and others had found great benefit from anodyne enemas, particularly morphine, in the proportion of a grain to one or two ounces of mucilage.—Ed.

bad, unsound and absolutely the signed warrant of death to the patient.

To ptyalize when we are ignorant of what else to do, is only worthy of a medical man of the mediæval ages, and as such should be banished and cast out from all sound practice. There are two conditions of the economy in which we cannot obtain the constitutional effect of mercury; that of exalted, and that of depressed action. As an illustration of the latter, let each and all recur to few instances of salivation in those cases of cholera where such immense quantities of calomel was given. Drs. Delamater and Ackley of Cleveland state that but few cases were salivated of all those who were treated after Ayres's plan, the most successful, by the way, of all others. The calomel, they say, was found in large quantities lining the mucus membrane of the stomach and bowels of those who died. It acted in some way on the secretion of the bowels, which were highly acid from the lack of a proper portion of alkalies in the blood; and frequntly I have no doubt, dysentery was induced by this cause.

In the great number of cases, the debility was so great, that salivation could not be induced, and if it was brought about, it was just half-past the "eleventh hour." Calomel was not needed but sparingly, much less its constitutional effect. It acted as an irritant; it added to the already great irritation of the constitution; it detracted from the already too small quantity of fibrine in the blood; it stimulated the liver to morbid action: in one word, it produced mercurial bile—a term which every one will understand.

Here let me stop to say, that I have no specific treatment of dysentery—no one or many articles combined, which cured all cases.—But this much I can say, that the prescription which I shall give shortly effectuated the removal of the disease more safely, more speedily, and more pleasantly to the patient and doctor, than anything else I tried.

It must be remembered always, when speaking of remedies, no matter how potent and how various their power in curing, that there are a certain number of cases of every disease, be it epidemic, ideopathic or sporadic, which are what Sir Gilbert Blane calls "determinedly fatal."

My favorit prescription was oil sweet almonds ʒij. to ℥ss., pulv. accaciæ ʒj, laurel water ℥ss., sugar ʒj., sulph· morphine gr. j. to gr. jss., water ℥iij., of which a half to a full tablespoonful was to be taken every three hours.

Some care is to be had in making this emulsion. The oil of almonds and the morphine is to be rubbed up well with gumb accaciæ, and then the laurel and common water is to be added. It is especially necessary to have the oil almonds fresh and free from rancidity, while it is well blended with the g. accaciæ. When the discharges were frequent, I have often, and that with good effect, added one scruple accet. plumbi. Generally, however, I have given the original prescription.

This prescription was first used by my friend Dr. Unzicker. My friend Dr. David Judkins, first reported to me its genial effect last year, since which time I have used it with the best results. The acetas plumbi. did not belong to the original prescription.

It constituted, however, my main medical treatment in the disease. It very soon relieved the tormina, tenesmus and frequency of stools. It brought about a cure in from ten days to two weeks. During its administration, I occasionally gave x. or xv. grs. pill mass hydg., with ext. hyoscyam, in divided doses to counteract the restraining action of the opium on the secretions generally. At other times I gave one or two grs. calomel, for the same purpose. In conjunction with this, I resorted early to stimulants.

If the disease was of the severe character, I ordered brandy, beef tea, chicken tea, and so on. If milder, I gave port wine. I prescribe stimulants irrespective of fever. Iced gum arabic water was given to allay the thirst.

Not in one case could I perceive any bad results from the stimulants. The local and constitutional irritation was so great that stimulants were essentially necessary. The doctrine of Travers, in his monograph on constitutional irritation is certainly correct, when he says, "debility is the basis of morbid irritation, and those causes of debility which operate with the greatest force and directness most invariably aggravate the state of irritation."

That questio vexata, the modus operandi of the prescription, may be raised upon me here.

The great efficacy is owing to the peculiar combination. In addition to the sedative and anodyne power of the morphine, we have that also of the almond oil and laurel water.

The morphine did not control the disease by itself. Passing over this point, I can repeat what I have before said, that I have observed the most admirable results from it.

In chronic dysentery I continued its use until the tormina and tenesmus were removed, To heal the ulcers, I alternated the syrup ferri iodide, in xv. grs. doses, three times a day, with a pill of the nitrat. argent ½ gr., sulph. morphine ⅞ gr., four times a day. I have treated a large number of cases of this disease in the last two years, and have lost very few. Here I may say, that the treatment of dysentery by the regular profession in this city, has been very succeseful.

I have to regret my inability to present the results of a post mertem examination. One word in conclusion and I am done. I have described the disease as I saw it, and have given the treatment which, after much anxious trial, I found the most successful."

The considerations presented in the above paper are full of practical importance. Dysentery, under some form, prevails in this country to a great extent during the summer and fall months, and for the last few years has been attended with a very great mortality. This may have been, to some extent, the result of erroneous views of the nature of the disease. That old and once popular pathology, which recognized "but one organ, the liver,—one disorder, the biliary,—and one remedy, calomel," we are gratified to think is rapidly giving way to more rational views. The *Hepatic* pathology at one time held almost undisputed sway: the Liver was held responsible for the er-

rors of almost every rebellious organ of the system, and for almost every deviation from the laws of health. It was a simple and convenient pathology, but therapeutical errors to which it gave rise were far from being of the same simple character. Its practical results were bad

We are impressed with the idea, however, that the distinction between different forms of dysentery is not sufficiently recognized. And this may lead to great discrepancy in its treatment. Sporadic and epidemic dysentery differ widely in their pathology; indeed, they can hardly be considered the same disease. One is a purely *local* affection, a simple colitis, and is frequently amenable to local treatment: the other is a constitutional affection, characterized by a general depression of the vital forces. Epidemic dysentery should, we think, be classed with the zymotic affections, the influence of the intestine being but an effect a complication, just as pneumonia becomes a complication of Typhus, or ulceration of Peyer's glands a secondary condition of Typhoid fever. If this fact were more generally recognized, there would be less confusion, and, we think, more success in the treatment of dysentery. A.

ART VI.—*Dengue Fever*

The following article upon a disease, first prominently brought beforr the profession by Prof. Saml. Henry Dickson, of Charleston, S. C., is from the pen of Dr. Theo. S. Bell, of the Western Journal of Medicine and Surgery. We have seen a few cases of what we regarded as anomalous examples of disease, at the time, which fill Prof. Dickson's description of the epidemic Dengue; and although up to this time the disease has seemed to occur principally in the Southern States, we see no reason why it should not manifest itself in this latitude. Every genteman in the profession, in Southern Iowa, will remember the hot and sultry summer and autumn of 1842, and the strong epidemical influenes existing during the vernal months of that year, as evinced by the prevalence of measles, scarlatina and erysipelas, as well as the pernicious character of malarious fever, from August till November. It was during this season that my attention was attracted to a disease resembling the Dengue of Chaleston, which has been a subject of speculation with me frequently since. The following description and remarks will acquaint our readers with this singular malady, and enable them to distinguish it, should it ever pre

sent themselves, from several exanthematous diseases with which it is liable to be confounded. S.

"The Charleston Medical Journal, for November, 1850, contains an able memoir on the Epidemic Dengue of Charleston, in the summer of 1850, from the pen of Prof. Samuel Henry Dickson. This epidemic differed in some respects from former inflictions of the disease. In 1835, Professor Dickson wrote an admirable monograph on Dengue, and as there are few readers whose medical literature extends that far back, who are not familiar with the general character of the disease, known as Dengue, a character indelibly stamped by Prof. Dickson, we shall confine our synopsis mainly to the distinctive characteristics of the Charleston epidemic, of 1850, the summer of which year, Dr. Dickson says, "will be remarkable in the medical history of Charleston, for the prevalence of epidemic fever of a singular character. The season had been unprecedently hot and dry. The thermometer ranged between 80 and 90° for forty days successively, approaching, or even exceeding the highest of these points, and never falling, *within that time*, lower than the lowest." There had been no rain for a long time; the earth was parched; the sky dazzling clear; the nights as well as the days oppressive." There had been a good deal of whooping cough and scarlatina, the latter being severe.

In the latter part of July, cases occurred which were considered scarlatina, a mistake not quite equal to some blunders in diagnosis, made a few miles from this city, a few weeks ago, consisting of pronouncing several of the first cases of varioloid, in that locality, attacks of dengue! In the Charleston dengue, "the fever assailed with great violence, ran a brief course, inflicting intense suffering, and disappeared, in many instances, without any cutaneous eruptions." Prickly-heat was prevailing at the time, and it is supposed that the dengue eruption may have been overlooked, but Dr. Dickson says, "in the early stage of the epidemic, it was certainly wanting in a large proportion of instances." As the epidemic advanced, "exanthematous contingencies" were more and more certain to exhibit themselves, in the white race. In numerous examples, the blacks were exempt from the eruption.

In a majority of cases, the attacks were sudden and violent. There was a tendency, frequently, to remission and intermission, and the hour of the access of the febrile paroxysm, in a majority of those cases closely observed by Dr. Dickson, was ten in the morning. The course of the disease generally occupied eight days. When the eruption subsided, all ailment usually disappeared slowly and gradually. There was great muscular weakness. In the early part of the epidemic, the eruption was often absent, in the latter part of the summer, it was almost universally present. In the blacks, the eruption was generally absent, in three cases out of five.

The epidemic was very universal. Numerous large households were all attacked. Of Dr. Dickson's family of eleven, he alone escaped. In his kitchen, fourteen out of seventeen were attacked.

Among the visitors to the city, the time of the latent period was va-

rious, but sometimes, as Dr. Dickson says, "prodigiously brief." Attacks followed exposure to the air of the city in a very short space of time, usually.

The prognosis was altogether favorable. Violent as the symptoms were in the onset, they subsided after a time, and certain restoration to health followed. Fatal terminations were very rare.

The eruption was various in its character. Ten varieties are named by Prof Dickson—the scarlatinous, the rubeolus, the erysipelatous, the variolous or varicellous, the lichenoid, the papulous, the phlegmonoids, the miliary-urticarious, the purpurous, and, in one instance, the lepra vulgaris. It is evident that Dengue is a free trader in "eruptive contingencies."

In Dr. Dickson's former monograph, already noted, he believed that the break-bone fever, described by Dr. Rush, as prevalent in Philadelphia in 1780, was a different disease from the Charleston epidemic of 1828. He now believes them identical diseases, except in some modifications.

Dr. Dickson discusses the exanthematous character of dengue very ably, and cautiously concludes, that "it may occupy a middle position between maculated typhus, and the exanthemata proper, such as small pox, measles, and scarlatina;"

Of the cause of dengue, Dr. Dickson says but little, and we regret that that little is not to the point. Strangely enough, he looks upon dengue as contagious. In the gloom and obscurity of the causes of disease, occasional occurrences loom up that are mistranslated into contagion, and they are thus mistranslated generally on the same principle that Hahnemann ascribed seven-eighths of chronic diseases to the *psoric virus*—he had to say something, and it was as easy to say that as anything else. Contagion, as a cause of disease, is like "sympathy" once was, as an explanation of pathological phenomena —an easy stool to lounge upon. We have not a doubt that during the prevalence of the prickly-heat, at Charleston, of which Dr. Dickson speaks, as many facts, to prove it contagious, were developed, as there were in dengue. The analogies, on whose bewildering and uncertain seas Dr. Dickson launches his bark, do not bear him up. Dengue is evidently a disease of hot climates, and unquestionably of hot weather. Can Dr. Dickson inform us of any contagious exanthematous disease that respects the geography of the zones? Even the vegetable analogies to which he appeals—the nut-grass, the cockle-bur, and the dandelion—desert the Professor on this point. If they move in the current of migratory bodies of men, they can also grow wherever the sun and earth can call vegetable life into growth. Does, or can dengue follow this law? If so, where are the instances?

Dr. Dickson remarked an unusual prevalence of boils, and carbuncles during the late epidemic.

From Dr Dickson's account of the treatment of dengue, it is evident that the disease would have afforded abundant glorification for the Homœopathists. But little treatment of any kind was needed.

ART. VII.—*Inunction in Scarlatina.*

Dr. Ebert, of Berlin, reports 28 cases of severe scarlatina, in which this mode of treatment was very encouraging. He says that no desquamation occurred in any case after thorough inunction, nor were any of the frequent sequelæ observed in such cases as dropsy, rheumatism, abscesses, &c. He also regards the anointing, as preventing infection.—*N. Y. Medical Gazette.*

I have employed it recently in three cases of scarlatina—two uncomplicated, the third accompanied by strongly marked typhoid symptoms—with apparently happy results. I say *apparently*, because it would be premature to draw any deduction from its use in so small a number of cases. My object is merely to call attention to this mode of treatment, which, according to the experiments of Dr. Schneeman, published in our January issue for 1850, corroborated by Dr. Ebert, of Berlin, above mentioned, promises, in general, to conduct to a favorable issue a very intractable malady.

In these brief remarks, I cannot give details of the symptoms and phases of the cases, but will simply mention the general effects which seemed to me to result from the anointing process.

In the three cases, there was a more rapid reduction in the force and frequency of the circulation, and, *pari passu* with it, a modification of the burning heat of the skin, than in cases treated in the ordinary way; the abatement in the febrile phenomena being attended by a sensation of comfort. Indeed, in one case, so great was the relief from the parched heat afforded by the inunction, that the patient, a black boy, begged his father to rub him once or twice every night, that is to say, between the time of the last rubbing prescribed at night, (9 o'clock,) and the first rubbing in the morning. All expressed themselves as not being in the slightest degree incommoded by the heat of the skin, if the intervals between the rubbing were not too long. A happy effect was produced upon the skin; its temperature, after two days' use of the lard or sweet oil, was very pleasant to the observer. in all it was rendered soft and velvety. (even in that of the negro;) and in one of the cases, a lad about 17 years old, at the Marine Hospital, a very abundant crop of miliary vesicles (sudamina,) made its appearance on the second day of the rubbing, covering him from head to foot, which symptom I considered as denoting the free action going on in the skin, as proving that its pores were completely opened.

In none of the three patients was there discharge from the ear, abscess, diarrhœa, dysentery, or dropsical swelling. In two, the urine was only moderately red, and soon became clear; in the third, it retained its ordinary pale color. Dr. Ebert, above quoted, states that in his 28 cases no desquamation occurred; it was not so in those treated by me; but it was so slight, that it did not amount to more than a slight furfuraceous exfoliation

The fat or oil (for I have used both animal and vegetable) seems to me to exert a powerfully sedative influence primarily on the cutaneous surface, relaxing its textures, opening its pores, and subduing phlogosis; thus restoring the function to this important organ, the in-

cerruption to which is, in my humble opinion, the source of the formidable train of sequelæ, so often noticed, such as congestion of the kidnies, accompanied by albuminous urine, and giving rise to dropsical collections; that of the bowels causing diarrhœa, dysentery, &c., the susceptibility to atmospheric vicissitudes, the formation of abscesses, &c. The secondary effect is on the nervous system, allaying the high excitement induced in it by the cutaneous inflammation, etc.

It is understood that I am only speaking of inunction as, at best, the base of the treatment; other means must not be omitted; especially in Scarlatina Maligna, as every physician is aware, must the powers of the system be kept up by tonics, stimulants, etc.

I have used both animal and vegetable oils, and do not know that a preference should be given to either class. The general impression is that olive oil is more sedative in its operation than the animal fat. My experience does not enable me to decide upon their comparative properties.—*Charleston Med. Journal.*

ART. VIII.—*On an Easy Mode of Reducing a Dislocated Femur.* By Dr. Mayr.

Dr. Fischer, of Cologne, published in *Casper's Wochenschrift*, No. 1, 1849; an account of his mode of reducing dislocation of the femur, and which consists in flexing the femur to an acute angle with the trunk, and impressing upon it gentle rotatory movement while in a state of adduction, if dislocated on to the ilium. Dr. Mayr, without being then aware of this procedure of Dr. Fischer, resorted to it in a case that occurred lately to himself. A man, aged 31, dislocated his right femur upwards and backwards; and, after repeated attempts at reduction, even by the pulleys, had been made, the author was called in on the 13th day after the accident. After he had in vain tried the ordinary plan of extension and counter extension, he resorted to the following means: the opposite limb and the pelvis were fixed, the operator flexed the femur upon the trunk, and, passing one arm under the ham while he grasped the calf with the other, he imparted rotary movements of gradually increased strength to the limb. As soon as he perceived a greater mobility of the head of the femur, he brought the limb into a state of strong abduction; and when, still continuing the rotation, the head had approached the acetabulum, he was able, by a rapid and strong pull inwards, to slide it into its pan, which it entered with a loud noise. The gentle rotatory movements mentioned by Fischer did not succeed here—all his force being required in their production, which may be probably due to the time the bone had remained unreduced.

The anatomical structure of the parts also recommends this procedure. In front of the thick edge of the acetabulum the under surface of the ilium forms a perceptible depression; and if the directions given in the manuals are followed, of making the traction obliquely from outwards inwards, and somewhat from behind forwards, be followed, the head of the bone must meet in this depression with a considerable obstacle to its progress. This sometimes even invincible obstacles

appears to be avoidable by resorting to abduction.—*Casper's Wochenscrift*, 1850, No. IX.—[*Med. Times.*

ART. IX.—*On Acetate of Potash in some Diseases of the Skin, With Additional Remarks on its Use in Other Diseases.*

The *Philadelphia Medical Examiner* publishes the following abstract from the Edinburgh Monthly Journal:

Dr. Easton, of Glasgow, having been led, by the publication of Dr. Golding Bird's Lectures, to employ Acetate of Potash, in some diseases of the skin, has published the results at which he has arrived, in an important practical paper, in the Edinburgh Monthly Journal, for May, 1850. Several cases are given, of Psoriasis Diffusa, Eczema, Impetiginodes, Eczema Rubrum, Psoriasis Palmaris, Lepra Vulgaris, &c., which were rapidly cured under the use of the Acetate of Potash, with no other assistance than occasionally the alkaline warm bath, and fomentation of the affected extremities, with blood-letting, in one fibrile case, and a catharto-diuretic mixture in another. Half a drachem of the medicine, thrice daily, is the dose for an adult.

Dr. Easton considers the medicine to act: 1. As a diuretic, as its use was always followed by a great increase in the amount of urine,

2. Not only is the amount of the *water* of the urine increased, but also its solid constituents in so remarkable a degree, as to entitle it to be considered as a renal-alterative or blood-depurant, as well as a renal-hydragogue.

3. Like all the salts of the vegetable acids, it is converted in its progress throughout the system, into a carbonate, and to this conversion substantially its benefit is owing. But the administration of the carbonate itself does not produce the effects which follow the use of the acetate. Hence Dr. Easton infers that the physiological action and therapeutic efficacy of the acetate are connected in some manner—unknown at present—with the metamorphosis which takes place in itself.

Acetate of Potash occupies, at the present time, a very prominent position as a remedial agent with the profession of Great Britain.—Dr. Golding Bird did much towards its general introduction into practice. He has experimented with it pretty extensively in the treatment of rheumatism, and he speaks in the highest terms of its remedial powers in this disease. The Potash given freely through the day, the soap and opium pill night and morning, and the vapor bath, constitute his treatment, and the result, he states, has been very successful. Its alternation or union with some of the vegetable acids, particularly the lemon juce, adds much to its efficacy.

From the observations of Dr. Bird, it appears that the Acetate of Potash operates as a enal-depurant, largely increasing the quantity of *solids* in the urine. With this vtew, and for the purpose of promot-

ing the period of *crisis*, it has been given in the zymotic fevers, particularly those of a malarious origin.

In all diseases in which the blood becomes the chief and primary seat of the morbid impression, two principle indications of cure present themselves: 1st. To counteract the injurious operation of the poison. 2d. To expel it from the system. In carrying out the second indication, Acetate of Potash is highly spoken of by European physicians. Two or three drachms of the salt are administered during the day in a mixture of sugar, water, and essence of lemon.

On the strength of testimony, we commend it to the consideration of our readers, as well worthy of trial. A.

ART. X.—*New method of Treating Hydrocele.*

The "Gazette Medicale de Paris" contains a lengthy communication made by M. Baudens to the Academy of Sciences, upon a new method of treating Hydrocele. This consists in transfixing the sac with a long and slender trocar, the canula of which has a lateral aperture about its centre. The stilet being wihdrawn leaves the aperture open in the sac, and therefore permits the escape of the hydropic fluid at both ends of the canula. The sac being thus emptied, is then inflated with air by closing one end of the canula and blowing in the other through an elastic catheter inserted into it for this purpose. The object of this inflation being to add to the irritation occasioned by the presence of the canula, which is allowed to remain like a seaton for one or more days, a blunt stylet is passed into the canula in order to close the central aperture and thus to retain the air until some pain be induced.

M. B. dwells with much propriety upon the fact that the irritability of the tunica vaginalis varies so much in different individuls, that it is difficult, and even impossible, *a priori*, to determine upon the activity of the agent that may be necessary to induce the proper amount of irritation. He therefore allows the canula to remain introduced until the proper degree of excitement is induced. In some cases, the mere introduction of air, made once or oftener during the day, will suffice. If this fail, he throws in tepid water one or more times; and finally, if this be insufficient, he resorts to the injection of a weak solution of nitrate of silver (about 1 gr. to 4 ʒ of water.) Whenever the exudation of plastic lymph and the supervention of some tumefaction are secured, the canula is removed and the case treated in the usual manner.

M. Baudens claims for his method the advantages of less danger of wounding the testicle and of throwing the injected materials into the cellular tissue, as well as of greater certainty in the result. He has used this method for twenty years—in which time he has operated on 200 cases, and found the average duration of treatment to be 19 days for a complete and radical cure. Many were cured in a fortnight and

some in ten days; 39 were cured by atmospheric inflation alone, the canula remaining from one to two days; 47 required both air and water; in the remaining 114 cases a sufficient degree of irritation was not secured until after the use of air, water and the solution of nitrate of silver. In only 20 cases did the inflammatory symptoms exceed the required limits, and this was readily subdued by the use of cold lotions. Relapse occurred in but two instances.

From the above extract, it will be perceived that the plan adopted by M. Baudens is well worthy of attention. We regret that the great length of his communication forbids its entire transfer to our pages.—*Southern Med. and Sur. Journal.*

ART. XI.—*Report of Massachusetts' Medical Society on Homœopathy.*

The Committee appointed for that purpose, very justly remark in the conclusion of their report, that "it would, perhaps, be doing injustice to homœopathy, if it were not admitted that the promulgation of its doctrines had, at least indirectly, been of some service to medical science. It may have taught us to place more confidence in the curative powers of nature, and less in medicinal agents, in the management of disease, than we have hitherto done; and it may well be doubted, if it has exerted any salutary influence beyond this.

It cannot be denied by any one, who has given any considerable degree of attention to the subject, that the present period is an inauspicious one for the success of any medical theory, that does not rest on a substantial basis. At no time in the history of the world, has the science of medicine been cultivated on principles so philosophic as at the present. All theories have been abandoned; we hear nothing of the humoral pathology or the doctrine of solidism. There are none at the present day who acknowledge themselves to be the disciples of Boerhaave or Hoffman; of Cullen or Brown; and there is not probably an individual who now supports the once popular doctrines of Rush or Brousais. All the true votaries of our profession are earnestly seeking for truth alone; accumulating facts by patient and toilsome observation of disease and its effects, and drawing conclusions from them by the cautious process of inductive reasoning. At no period have the various changes which disease produces in the different tissues, organs and secretions of the body been subjected to so rigid a scrutiny. The miscroscope and animal chemistry have been enlisted in the service of the pathologist, and we are already reaping rich fruits from its labors. If we have not yet gained more control of disease than our predecessors had, we better understand the power of remedies; we know more than was formerly known, when it is best to withhold them altogether, relying on the powers of nature, and when they can be used advantageously in aid of those powers.

At such a period as this, your Committee cannot persuade themselves that the doctrines of homœopathy can have any very extensive or permanent influence."

Editorial and Miscellany.

IOWA MEDICAL AND CHIRURGICAL SOCIETY.

Will meet in Fairfield, Jefferson county, on the first Wednesday in May. Every physician in the State who can possibly disengage himself from professional duty, should attend this meeting. It is expected that the Society will be permanently organized, and adopt some efficient plan for carrying forward its scientific operations; and every physician, who feels an interest in the welfare and prosperity of the profession in Iowa, should attend the State meeting, and unite with his brethren, in the necessary labors. No State in the Union is less cursed with empiricism (except in patent medicines) than this. Thompsonianism, Homœopathy, Hydropathy, Eclecticism, and other forms of quackery, have not, as yet, taken root in our soil; and if the medical profession will unite in such associations as will promote the development and dissemination of the true principles of our science, its future growth will be effectually arrested.

Nothing has done so much in the last ten years, to give the profession of medicine its present high position in the United States, as the concentration of effort, brought about by medical associations. Every where has empiricism yielded to its power, because it not only serves to unite the divisions in in our ranks,—to heal the feuds incident to medical men, but it brings the profession and its achievements prominently before the intelligent world, and places the truths of science in glaring contrast with the legerdemain and abominable tricks of arrogant pretenders.

We would most respectfully urge our medical friends throughout the State, to attend the meeting of the State Society at every reasonable sacrifice, and we are sure they will have no cause to regret it.

S.

The Medical Society of the City of Keokuk.

This Society held its last regular meeting on the 3d inst., at which there was a full attendance of its members. The President, Dr. Millard, in the Chair.

In addition to the ordinary business of the Society, four delegates, consisting of Drs. Hemenway, Haines, Armor and Collins, were appointed to attend the next session of the Iowa State Medical and Chirurgical Society. They were instructed and empowered to take the necessary steps to render this Society auxiliary to the State Society.

and to accept such conditions and regulations as the State Society may adopt in reference to auxiliary societies.

Dr. Armor, in accordance with the by-laws of the Society, was appointed to read a paper on some medical or surgical subject at the next regular meeting.

Dr. Ford was requested to report at the same time a case or cases that shall have come under his observation.

The Society then went into the consideration of the subject of Practical Medicine, upon the report of a case by Dr. Haines. After a spirited discussion, the subject was postponed for further consideration, to a special meeting on the 10th inst.

Society then adjourned to that date.

April 10.

The special meeting was held, according to adjournment. Vice President, Dr. S. Haines, in the Chair.

The object of the meeting being the consideration of the cases before reported, the time was occupied in discussions of questions relating to those subjects.

On motion, a subject for discussion was chosen for the next special meeting, as follows:

"*The therapeutical uses of blood-letting.*"

Adjourned to meet on the 24th inst., at the office of Dr. Ford.

The next regular meeting will be held on the first Thursday of July next, at 7 o'clock, P. M. J. MILLARD, Pres't.

E. R. Ford, Sec'y.

The following Medical Journals have been added to our list of exchanges:

NEW ORLEANS MEDICAL JOURNAL,

Edited by A. Hester, M. D. It gives us pleasure to welcome to our exchange list, this scientific and excellent periodical. It comes to us replete with sound practical papers, and with the impress of a learned and vigorous style upon its editorials, which makes it a highly creditable representative of our Southern medical literature. The very elaborate report of the Board of Health for the city of New Orleans, for 1850, running through 64 pages, is interesting and instructive. We will be happy to present to our readers hereafter, extracts from this report concerning the vital statistics, mortuary records, and hygienic regulations of the great Southern metropolis; for the present we must content ourselves with saying, that no medical journal in the

Union would be a more valuable addition even to a northern physician's library than the one before us. S.

Southern Medical and Surgical Journal, Edited by L. A. Dugas, M. D., Professor of Surgery in the Medical College of Georgia.

This scientific and excellent Journal comes to us with a large amount of instructive original matter. Its editorial tone is dignified and spirited, and its proprietors richly merit the generous patronage given it by the profession of Georgia and the South.

Chaleston Medical Journal and Review, Edited by D. J. Cain, M. D., and F. Peyer Porcher, M. D.

This is one of the largest as well as one of the best Medical Journals in the United States. The number before us contains 143 pages, which are contributed to by some of the most eminent medical men in our cuuntry. The leading article in the November No., is from the pen of that distinguished physician and scholar, Saml. Henry Dickson, and relates to the epidemic Dengue, as it prevailed in Charleston in 1850. Several articles of high practical value follow.

The reviews contained in this Journal, are amongst the most learned and eloquent we have seen, and make it, in our estimation, a respectable rival of our great national Medical Journal at Philadelphia.

The Scalpel, Edited by Ed. H. Dixon, M. D.

We scarcely know what to say about the "Scalpel." The principal excellence of this instrument, we have been taught to believe, consists in two things: First, in having a *keen edge:* and second, in being constructed of such material as to retain it. Our acquaintance with Dr. Dixon's "Scalpel" is not sufficient to enable us to give an opinion based upon these considerations.

It seems, however, that it is principally occupied in *morbid* dissections, a pursuit requiring great discrimination and impartiality on the part of its votaries.

The following works have also come to hand:

Food and Climate, considered in reference to each other. An attempt to solve the natural and proper food for man. By Philip Harvey, M. D. 12 mo. 112 pp.

This is a very respectable production from the pen of an Iowa physician, and on this account, we take pleasure in introducing it to the notice of the profession. The attempt of Dr. Harvey to solve the question of the natural and proper food of man, has, in our opinion,

been eminently successful, and the broad and rational basis he has assumed in the argument, adopting criteria furnished by climate and temperature, which have been established by intelligent and scientific observers in every part of the world, has enabled him to present a triumphant offset te the transcendental one-ideaism of Grahamite and vegetarian fanatics.

Although there are some parts of the work that do not coincide with our views,—as for example, where he declares, "that neither climrte, change of weather, nor the seasons necessarily produce disease." his notions of Ozone and Cholera, and of malaria,—yet the book will amply repay perusal, and as an epitome of the best opinions upon the subject of which it treats, drawn up in an easy style, is entitled to the respect of the medical profession.

Copies of the work may be obtained of Dr. Harvey at Burlington, Iowa.

History of Medical Education and Institutions. By N. S. Davis, M. D.

We received, sometime in Feb., a copy of this celebrated work. We supposed, at the time, it was from the author, and so mentioned it in our February number. It gives us pleasure to correct the statement, and to assure the author that no indignity was intended. Although nothing is better calculated to excite "morbid" feelings than this book, we held ourselves proof against it, and were contented with a smile and *some* "balderdash," (?) leaving to abler hands the task of seriously rebuking this "*caricature*" of a medical history.

An Introductory Lecture, delivered at the Massachusetts Medical College, By John Ware, M. D., Hersey Professor of Theory and Practice of Physic in Harvard University.

This very interesting and practical address from one of our soundest and most erudite physicians, discusses at length the subject of success in the medical profession. The lessons of wisdom and experience inculcated by the learned professor, are of the highest value to the student and the young practitioner, and well worthy tho attention of all medical men.

Dr. Ware takes incidental occasion to notice the movement now being made to introduce females into the medical profession, and in doing so, uses the following chaste and beautiful language, which so nearly expresses our own feelings upon the subject, that we give his remarks almost entire:

"I trust we should be amongst the last to oppose the entrance of woman into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her tal-

ents and services. None know so well, as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society, aye, to welcome her to our own, if it can prove for her advantage or happiness.

But whatever may be thought of her adaptation to the one particular department to which I have alluded—and for this I am willing to admit that considerations of some weight may be urged—I cannot withhold my conviction that the general practice of medicine would be found unsuited to her physical, intellectual, and moral constitution—that she could not go thoroughly through with the preparation necessary for it without impairing many of those higher characteristics for which we honor and love her. There may be exceptions, but a profession cannot be filled by exceptions. I have spoken of some of the unfavorable influences of professional pursuits on our own minds; such influences would be doubly hurtful in their results upon the mind of woman. It is difficult to conceive that she should go through all that we have to encounter in the various departments of the study of medicine, without tarnishing that delicate surface of the female mind, which can hardly be imagined even to reflect what is gross without somewhat of defilement.

The common Creator of man and woman, with a view to their relative uses in the great economy of human existence, has seen fit to give them constitutions widely different. While to man he has given strength, to woman he has given beauty; while man has been endowed with a capacity for the investigation of truth by the laborious process of reasoning, woman has been enabled to arrive at results, perhaps as little liable to error, by a mere act of perception; but what he does by labor, she does by intuition; he is carried forward in the active business of life by a courage and enterprise which lead him to encounter and almost to court dangers and obstacles; she, whilst she shrinks at perils and difficulties when they are distant, meets them when they assail her, with a fortitude which amounts almost to heroism.

The office of the physician and surgeon calls for those qualities which are characteristic of man. It is attended by many hardships of body and trials of mind, which, though not greater than those which women undergo, are yet different from them. He must be exposed by night and by day, to the wind and the storm, to cold and heat; he needs bodily strength, endurance and activity. So, too, he must be unmoved by suffering; he must be firm amidst dangers; he must have presence of mind in doubt and difficulty; he must not shrink from inflicting pain; he must forget that he is doing so; he must not be carried away by his strong sympathies, he must often act as though he had them not. Is the nature of woman competent to this? Should we love her as well if it were? Would she not be less a woman? We have each our office at the bedside of the sick—but it is a different one. We cannot perform hers, and she cannot perform ours.

Proceedings of the Medical Association of the State of Alabama, Containing various reports on medical subjects, Addresses, Resolutions, &c., &c. Pamphlet of 164 pages.

This publication indicates a highly prosperous condition of the profession of Alabama, and the enthusiasm which seems to animate them, cannot fail to be productive of good. We very much admire the noble sentiment contained in the Address of Dr. A. Lopez. It is eloquent and inspiring. We wish the profession of Alabama may realize a success in their scientific efforts commensurate with their merits.

Eighteenth Annual Report of the Trustees of the State Lunatic Asylum at Worcester, Mass.

This report indicates a highly prosperous condition of one of the best Insane Hospitals in the United States.

The Asylum at Worcester has attained its present eminent position as a benevolent institution, principally by the indefatigable labors of Dr. Saml. Bayard Woodward, who died a litte more than a year ago at his residence in Northampton. The Report of the Trustees contains an eloquent and merited eulogy upon this distinguished physician. than whom no one occupied a more exalted position in the profession of New England.

Dr. Geo. Chandler is the present efficient Superintendent, and the report of the condition of the Institution, since the withdrawal of Dr. Woodward, proves him to be a worthy steward of this great and noble interest of a christian commonwealth.

The various statistical tables contained in this report are of the highest value to the physician and philanthropist.

TO THE MEDICAL SOCIETIES THROUGHOUT THE UNITED STATES.

The undersigned Corresponding Secretary of the Iowa Medical and Chirurgical Society, respectfully solicits from all the Medical Societies in the United States copies of their proceedings and transactions during the last two years. They will be received by the undersigned at Keokuk, Iowa, and by him deposited with the Librarian of the Society.

J. F. SANFORD, M. D.,
Cor. Sec'y I. Chi. & Med. Society.

Professor Armor's Appointment.

Saml. G. Armor, M. D., Professor of Physiology and Pathology in the Iowa University, since the first organization of its Medical Department, has recently received the appointment of Professor of Natural Science in the University of Cleveland. The medical profession of this region, will appreciate the compliment paid to the West in the selection of one of their number to occupy a prominent position, in what is destined to be, one of the greatest Universities in the United States. We are sure that the election of the Trustees could have fallen no where more worthily, for amidst the many men whom we reverence and love for their literary and scientific attainments and genius, Prof. A. occupies the first position.

This new position requiring his immediate attention at Cleveland, he was denied the pleasure of taking a formal leave of the patrons of our Journal; but we can assure them that he has always cherished and exhibited in their behalf, a most lively editorial interest.

The absence of Professor Armor from the editorial department of the Journal, will devolve responsibilities upon the remaining editor, which it is hoped his friends will duly appreciate, and in the discharge of which they will sustain him by frequent contributions to its pages.

But while we shall lose his important services in this branch of the medical interests we are building up in Iowa, we are rejoiced to know that he still remains connected with tho Medical College of our State, and will be here at the opening of the next session to resume his eloquent and instructive lectures upon his beautiful and inspiring branch.

Cod-Livir Oil.—This article is being extensively tested in this country. "We have been informed by one of our apothecaries," says the Boston Medical and Surgical Journal, "that his average sales amount to about *two barrels per month*, and it is with difficulty that he can procure enough to supply the wants of his customers."

Correction.—The American Medical Association will meet at Charleston, S. C., on the *first*, instead of the second Tuesday in May, as announced in our February issue.

METEOROLOGICAL REGISTER FOR MARCH, 1851.

PREPARED BY JACOB RUMMEL, ESQ.

Fahrenht's Thermom'tr.					Winds.		Character of Weather.		
Date.	6 A. M.	12 M.	6 P. M.	Mean Temperature.	Course.	Velocity	A. M.	P. M.	Quantity of Rain and Snow
1	28	40	38	38	W.	Brisk	Cloudy	Fair	
2	20	26	21	2a	"	"	Fair	"	
3	20	42	38	36	S. W.	"	"	"	
4	39	50	25	41	W.	Fresh	"	Cloudy	Rain and Sleet, ¼ in.
5	28	30	29	29	N. W.	Brisk	Cloudy	"	
6	26	34	27	30	W.	Mild.	Fair	"	
7	29	35	30	29	"	"	"	Cloudy	
8	16	30	29	28	N. W.	Brisk	"	Fair	
9	32	40	38	36	"	Violent	"	"	
10	24	42	48	39	W.	Mild.	"	Cloudy	
11	29	46	47	40	"	"	"	Fair	
12	26	52	42	42	"	"	"	"	
13	34	58	52	49	S. W.	Fresh	"	"	
14	40	60	58	54	Calm.	Calm	"	Cloudy	
15	47	62	52	53	W.	Mild.	Cloudy	"	Rain, 1¾ inches.
16	42	40	41	40	N. W.	Brisk	"	"	
17	36	46	43	41	"	Violent	Fair	Fair	
18	30	44	45	40	W.	Fresh	"	"	
19	28	51	50	43	"	"	"	"	
20	30	54	51	46	S.	Brisk	"	Cloudy	Rain ⅛ inch.
21	34	36	42	37	S. E.	Violent	Cloudy	"	" 1⅛ "
22	33	38	30	33	E.	Fresh	"	"	" 2 "
23	30	44	38	38	W.	Brisk.	Fair	Fair	
24	30	56	48	47	"	Fresh	"	"	
25	42	62	52	53	"	"	"	"	
26	51	63	53	55	S. W.	Violent	"	Cloudy	
27	50	51	49	47	S.	"	"	Fair	
28	20	55	51	49	W.	Fresh	"	"	
29	50	69	65	61	S. W.	"	"	"	
30	50	54	48	48	W.	Brisk.	Cloudy	Cloudy	Rain ⅛ in.
31	32	50	42	44	"	Fresh	Fair	"	

NOTES.

Mean temperature for the month, 41 5-6°. Rain, 5⅜ inches; cloudy days, 5; fair 17; vatiable, 9.

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THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. 1. KEOKUK, IOWA, MAY, 1851. NO. 9.

ART. I.—*Surgical Uses of Cold Water, with Cases.* By J. F. SANFORD, M. D., Professor of Surgery in the College of Physicians and Surgeons of the Iowa University, Member of the American Medical Association, and Corresponding Secretary of the Iowa Medical and Chirurgical Society.

The value of this universal agent, although appreciated by many ancient Surgeons, seems not to have been generally acknowledged, until within the last few years. The authority of Hippocrates, Paracelsus, Fallopius, Percy, Currie and Larrey, with other men equally distinguished, failed to secure that general resort to its use, which the precepts and practice of MaCartney brought about, and which has marked an era in our art, scarcely less important than the renowned discovery of Anæsthesia.

Any one who will take the trouble to investigate the surgery of the last two centuries, and compare the bungling routine system then pursued, with the mild simplicity of our proceedings, cannot fail to be struck with wonder at the the great revolution which this department has undergone. Persons ignorant of surgical history and literature, are disposed to attribute these changes in the practice of legitimate surgeons to the influence of what is generally called *Hydropathy*, and to award to Preissnitz, the founder of that system, the honor of its recent introduction. But in this, as in all other benefits which the world has derived from medical science, the regular profession have been the pioneers, whilst the so called founders of exclusive systems, have stolen, and fattened upon the fruits of their genius and industry. Fifty years before Preissnitz was born, after witnessing the treatment

of a number of men by cold water, who were wounded by bursting of cannon at Strasburg, the distinguished Baron Percy declared, that he "would relinquish military surgery, if he were prohibited from using water as a vulnerary."

We could bring forward a volume of unimpeachable testimony to show, that long before Hydropathic quackery was trumpeted to the world, the therapeutic uses of cold water were held in the very highest estimation by the legitimate medical profession, and long before the crystal fountains of Græffenburgh were polluted by the abuses of Pressnitz, the repors of Currie, on the effects of water, had gone on its benevolent mission to the world.

This, then, is not the true explanation of its late rapid introduction into medical and surgical practice. We should rather look upon this as one of an extensive series of achievements in science, that will distinguish this, in all future time, as the great age of progress. As very many valuable discoveries in physical science have reposed amidst the rubbish of the laboratory, until the practical tendencies of the age have called them forth, so many important discoveries and improvements in medicine, have been in advance of the intelligent appreciation of the world. A peculiar prejudice with some of the profession, and with the people, led them to believe, that nothing could be worse in the treatment of recent wounds, than the application of cold, and this was an obstacle which the authority of illustrious men could not overcome. All wounds "were put together without delay; and their edges, having been sqeezed into apposition, were retained so by various means, such as sutures, plasters, compresses and bandages. They were carefully covered up and concealed from view for a certain number of days. Then the envelops of cotton and flannel, the compress cloths, the pledgets of healing ointment and plasters were taken away, loaded with putrid exhalations, and with a profusion of bloody, ill digested, fetid matter. A basin was forthwith held under the injured part, and the exposed and tender surface, having been deluged with water from a sponge, was well squeezed and wiped. Then came a re-application of retentive bandage, of the plaster, of grease mixed with drying powder, all surmounted by some absorbent stuff, as charpie or tow, to soak up the discharge." This is a faithful portrait, by a skillful hand, of the former treatment of wounds. It was the "nimia diligentia" of the old system, under which the suffering victim felt secure, and without a detailed application of which, the surgeon's skill would have been questioned.

When the true relations of Pathology and Therapeutics became established, and modern investigation pointed to the true adaptation of

medical and surgical means to the end proposed, then the era of simplicity in the treatment of wounds, the prominent point of which is the water dressing, began.

Having thus glanced at the true causes of this change in vulnerary surgery, we will now consider very briefly, the mode of operation of water as a surgical application. In order to bring this plainly within our scope, we must claim the attention of our readers to a few points in the pathology of inflammation, which may be regarded as an inev itable result after the reception of wounds, or the protracted or severe application of chemical irritants, as well as the source of all danger incident thereto, and therefore the condition toward the prevention and relief of which, our efforts are to be directed.

Without discussing at length the recognized theory of the inflammatory process, we will remark, as sufficient for our purpose, that the change which takes place in the capillaries and small arteries, the vessels first implicated in the morbid process, is begun by a contraction of their walls, and other evidences of an increase of tonicity. The duration and degree of this initiatory step, varies under a multitude of circumstances, but as far as accurate and reliable observation has gone, is not found to be totally absent in any case of inflammation. It is therefore an essential antecedent of the changes to which this process may lead in the various tissues of the body. This exaltation of the physiological dynamics of a part is chiefly concerned in bringing that burden of blood into the implicated vessels, beneath which they give way, and pass into a state of passive relaxation. Whilst the vessels remain contracted, the quantity of blood passing into them, must, of course, remain diminished, but the protracted influence of the irritant, maintaining a plus of vitality in the part, its resistance is finally overcome. This affords an illustration of the physiological law, *Ubi irritatio et Ibi fluxis*, and its relations to the pathology of inflammation, as we now speak of it, proves what every medical man admits, that, *where an organ or a part is subjected to the prolonged application of a stimulant, it loses its susceptibility to the influence of that stimulant.*

Now let us examine the mode in which the application of cold water, by adapting itself to this view of the pathology of wounds and injuries, by relieving or arresting the first step of a morbid process, cuts off all the results to which it may lead.

It is admitted on all hands, that cold continuously applied to a part, exerts a sedative or depressing effect upon the nervous and vascular tissues. The pale and shrunken integuments with which this agent is kept in contact a considerable length of time, shows that the circu-

lation is enfeebled there, and that the usual quantity of blood does not find its way through the part. As long as this decrease of temperature is maintained, the vital power as well as action is enfeebled, and as this is a condition opposite to that which attends the primary institution of the inflammatory process, we can readily see, how by destroying the first link of the chain, the application of cold, would prevent the formation of the whole. This is the simple and comprehensible explanation. The idea might be extensively elaborated, but designing to give this article a practical character, we purposely refrain from theoretical discussions, any farther than necessity demands. To secure attention to a practical idea of great importance, we will allude to what has been called the secondary effects of cold. We have seen that the first effect is sedative: the second is *re-active*, and as the first is *opposed* to vascular action, and constitutes our most valuable prophylaxis in the treatment of inflammation, so the *second invites* its occurrence, and often hastens forward the condition which the Surgeon is attempting to combat.

This simple remedy, therefore, which so effectually cuts short, or holds in abeyance the phenomena of inflammation, requires great caution in its application. If, after the reception of a wound, or injury of any kind, cold water is continually applied, if the part is kept constantly under its influence, we may predict with certainty that no serious inflammation will ensue, but if its application be interrupted, even for a short time, re-action immediately comes on, the blood rushes into the comparatively empty capillaries, nervous agency is restored, and the first stage of inflammation is at once established. This view renders the means of its application a matter of some importance. An attendant, however trustworthy, should not be relied upon, when other appliances can be obtained, and it is always in our power to construct mechanical contrivances, which will secure the only application of the cold water, that can realize to our patients its permanent benefits.

The employment of the principle of the syphon has not been satisfactory in my hands; besides not furnishing an adequate quantity of water in some cases, it is exceedingly prone to displacement, by the patient or his attendants. I have generally employed the following contrivance, which has served the purpose better than any other means. Two pieces of cane or common alder, deprived of the pith, are procured, one twelve, the other three or four inches in length; the short piece is attached at right angles to the middle of the long one, their cavities communicating, and the open ends of the latter are closed with plugs; the free end of the short piece, being now inserted

and fastened into a hole near the bottom of a bucket, and the lower part of the wall of the long piece being perforated from one end to the other, by several small holes, the apparatus is ready for use. After securing the injured part in an elevated and relaxed position, where it may be kept perfectly at rest, I interpose oiled silk or cloth beneath it and adjust the bed in such a manner that the water dripping upon the part from above, may be directed into a vesssel placed for its reception upon the floor. The bucket filled with water is now suspended above the injured part, the long tube being parallel with the length of surface to be irrigated, and the application is immediately commenced and continued without cessation, by occasionally replenishing the bucket, as long as circumstances may require.

It would be beyond the purpose of this article, to extend our remarks upon the treatment of injuries beyond the period, during which, cold water is competent to ward off an impending and otherwise inevitable inflammation: nor is it necessary for us to say, that a *very* protracted application of it, may, in some cases, maintain such a degree of sedation in the circulation of the part, as seriously to interfere with the necessary processes of repair. The intelligent surgeon, correctly appreciating the pathological changes going on in a part, will adapt his therapeutic applications to them. Whilst the pathological tendencies are such as will be directly opposed to the influence of cold water, we use it, but if from any cause, it should prove inadequate to check an advancing inflammation, and this latter process should become established in the part, then we know that the evil would be increased by an application that would depress the vital power of the already relaxed and atonic vessels. We change the applications gradually, from cold to warm, with the two-fold intention of soothing the nervous irritability, and relaxing the parenchlyma of the part, so as to favor the reception of effusion from the vessels, which often relieves the circulation from impending or actual stagnation.

To the employment of this, as of all other remedial agents, contraindications may occasionally occur, some of which we will notice in the detail of cases, which will be presented in our next number: but as will be seen, these cases are so rare, as by no means, to lessen our confidence in the value of water as a surgical application.

ART. II.—*Poisoning by Strychnine!—Use of Chloroform, as a Remedy.* By ORPHEUS EVERTS, M. D., of St. Charles, Ill.

Since the introduction of the vegetable alkaloids into medicine as remedial agents; from their resemblance in natural properties, and highly concentrated powers, frequent cases of poisoning occur from the accidental substitution of one for another; and more especially, as in the western country, every mother of a family assumes the responsibility of a physician to an extent at once presumptuous and alarming.

There are few families, indeed, in this section of country, who do not keep on hand a constant supply of quinine and morphine, and since strychnine has been so extensively used for the cure of intermittents, that article is almost as recklessly dealt with by the common people, as those above mentioned.

Papers of medicine, likewise, put up by our lamentably ignorant and unqualified druggists, are seldom marked, and hence, the slightest confusion, or a few months forgetfulness, renders the next child, unfortunately seized with an ague fit, liable to the extreme influence of an oblivious dose of morphine given for quinine, or the inexpressible torture of poisoning by strychnine.

The treatment in cases of poisoning from morphine, is generally understood and well established, differing in no essential point from that of opium, so long familiar to the profession. But, in cases of over-doses of strychnine, we are thrown principally upon our own ingenuity, and the resources of suggestive philosophy.

The symptoms and course are prominent and well marked, and need never be confounded with the effects of morphine, as the cerebral organs suffer but little from the immediate impression, and the circulation less; at the same time, the spasms are of the most painful nature.

A case occurred a few days since in this village, in which I introduced the chloroform with the happiest effect, and hope that a record of it may not be valueless to the profession.

Mr. Couch aet 45, robust, of sanguine temperament, in previous full health, chilled in the evening, and supposed himself attacked with ague. His wife thought best to give him quinine; thought they had some in the house; found a paper and administered an ordinary dose. In a short time, alarming symptoms occurring, Dr. Crawford was called in. The Dr., on examination of the powder pronounced it morphine, and commenced treatment. Antimony, ipicac. and strong coffee were given. The symptoms increased: another physician was

called, who recommended blood-letting; it was accordingly done. Symptoms becoming still more urgent, I was called. Found the head clear, circulation undisturbed, but an exalted condition of the functions of the spinal cord. The slightest touch of the skin, a drop of water, or a breath of air, producing violent and uncontrollable muscular contraction, attended with excruciating pain. There was inability to move or be moved, on account of this powerful eccentric influence. There was no nausea, though 20 grs of antimony in combination with ipecac. had been administered, and no pain during interim of spasm Satisfied, from the symptoms, of the presence of strychnine, I tested the remaining powder, and found it to be an adulterated specimen of the article, and supposed him to have taken equal to 3 grs. of a good article, perhaps not quite so much.

The intensity of pain suggested to my mind the use of chloroform, though doubtful of its influence. Dr. C. consented, and we commenced its use. After a few inspirations, we could touch the patient without exciting the spasm; in a moment more he said he could turn over, and did so without spasm, and in five minutes vomited freely. The first impression of the chloroform subsiding, all the symptoms returned, but yielded as quietly to its use again. We continued it in q. s. to control spasm for two hours, when I was called to treat an injury in town, and left the case with Dr. C., with the understanding that the remedy should be continued as long as the symptoms demanded, or until it should fail to control them. After I left, the Dr. withdrew the remedy, and administered a powder of some kind, perhaps morphine, but the spasm returned with such urgency that the patient was clamorous for the chloroform, and compelled a return to its use. The effect was precisely as before; it was now continued for three hours more, when the reflex action subsided almost entirely, and with the exception of soreness of the muscles, paralysis of the bladder from the strychnine, and the effects of the antimony on the bowels, the patient was well.

That the chloroform was a happy and efficacious remedy in the case, there can be no doubt. That it would have prevented death in case a large dose had been taken, is by no means certain. But the matter can be tested, and I would suggest to some young men whose feelings and opportunities will allow, to make some experiments on animals, with a view of ascertaining to what extent chloroform will control that condition of the spinal cord induced by the nux vomica and its salts, and which so often terminates in the death of the animal. Chloroform acts upon the sensorium as well as the spinal axis. Strychnine is supposed to operate entirely upon the spinal cord, or nearly so.

The influence of chloroform upon the sensorium is to produce insensibility. What is its effect upon the cord? It is said, I believe, to have controlled spasm in cholera. It did control both pain and spasm in this case, and the control of spasm need not be by insensibility to pain, as the function of the cord in exciting muscular motion, is independent of the cerebrum, as has been abundantly exhibited.

In the case of Walker, previously reported in this Journal, spasmodic action always occurs in the lower extremities from the slightest eccentric influence, precisely as in the case of poisoning from strychnine, as observed in the case of Wm. Couch, and yet no sensation exists. Again, if chloroform renders the spinal cord insensible to the impression of strychnine, as it seems to have done in the case above, is it not an antidote, seeing that the force of the strichnine is spent upon that organ, and through it produces death? To future observers we submit the decision of this question.

ART. III.—*Ætiology of Strumous Cachexy, No. 2.* By R. C. Warinner, M. D., of Alexandria, Mo.

Under the above title, an original communication appeared in the March number of the Western Medico-Chirurgical Journal for 1851, in which an attempt was made, rudely to sketch some of the outlines of the phlegmatic or lymphatic temperament, in order to show its tendency to degenerate into struma and tuberculosis.

It is the present design to enlarge upon this quality and tendency of the constitution, in order, if possible, to amplify that which, to some, may have borne the semblance of heterodoxy. In doing this, it will be my aim to draw up a full length portrait of the external characteristics of of this predisposition, as well as to remark, more or less, on the nature and properties of organization.

A remarkable peculiarity, characteristic of this quality of the human constitution, is its deficient textural organization, which is apparent even to the eye. There is that softness, that peculiar flabby or spongy condition of the muscles and other soft parts of the body, which at once imparts the idea of sloth and stupidity.

When palpably examined, there is absent that elastic resistance and firmness which are present in the athletic. If the organization of texture be perfect, the quality of the general constitution,—the animal as well as the organic,—will be very different from that described as the strumatic.

It is impossible to have strength without organization; our strength

will always depend upon the perfection of the textural organization of our bodies. A most beautiful illustration of some of the functions and conditions of the constitution or system has been made, which I shall here borrow, viz: "raw material, spun yarn, and woven fabric." That contained in the digestive cavity, is styled the raw material; that in the absorbent and circulating systems, the spun yarn, and the organized tissues, the woven fabric. The quality of the fabric depends very much upon the machinery by which it is spun, as well as the material from which it is wrought. If the material be good, and the machinery tightly geared, we may anticipate a well twisted yarn, and ultimately a strong, dense fabric. If, on the contrary, the material be bad, or the machinery slackly geared, we will surely have a spungy, fragile fabric. But to complete the figure, let us further enquire into the *cause* of the disparity in the qualities of these two specimens of art. It will, I think, be seen, as we prosecute our inquiries, to result from a lack of *harmony* in the movement of the different parts of the machinery. When the band of a common spinning wheel (with which every one in this country is familiar) is slackened, it tends to diminish the relative number of revolutions of the spindle, consequently it requires more revolutions of the fly-wheel to put the same amount of twist in a yarn of a given length, than it would if the band were made tighter. The material is drawn out too fast for the velocity of the spindle. The converse of this (a homely figure) is easily seen. Let us submit this figure to the application of the functions of the organic system. If the dynamic forces of the cardiac system be low, while the digestive proces is unimpaired, imperfect assimilation is inevitable from the fact, that more material is thrown into the elaboratory functions than their present condition can *properly* assimilate. There is wanting that vis-atergo of the fly-wheel, (heart) in order to give it the proper *twist*. The immense load of nutrient material is calculated to overtask the functions of nutrition and assimilation to such an extent, as to deprive them of the ability to perform *rightly* their offices. "A little more grape,"—a little more cardiac *thunder* is wanting to *electrify* the material.

It is, I believe, generally conceded, that the strength of a tissue generally depends upon its density and firmness; and from analogy, it may, I think, be reasonably inferred that the cells vary in size according to the density of a tissue. In a dense tissue, a greater number of perfectly organized cells may be said to exist, and the interstices are not so large, in consequence of which the tissue is firmer and indeed more durable. If, on the other hand, the cells be large, the interstices are also larger, and notwithstanding they may be filled

with serum or some kindred elementary material, the tissue will be spongy and flabby.

This theory, though new, is supported in some measure from the well known disparity in the size of a regular blood corpuscle, and a lymph globule, or between a *white* and *red* corpuscle. It seems, as the globules of nutrient matter rise in the scale of vitality, that they diminish in volume, and as they descend, they become larger. Persons of purely lymphatic temperaments, generally find this world an incongenial clime; they soon become gray, and generally find early graves.

A thought presents itself touching the tendencies of organic bodies, which I think is not altogether void of interest, and which I wish here, respectfully to submit, viz: All organized bodies tend unconditionally to a climax, in the nature and perfection of their organization; after which, the *nature* of that tendency is reversed, first, to maturity or perfection, then to decay. A question which seems legitimately to engage our inquiries at this point, is, why do some individuals reach this climax earlier than others, and prematurely, as it were, enter upon the decline of life? A solution of this seems to be found in the following: It is well known that those fruits which reach their maturity earliest, are less dense—more mellow and juicy than those which reach their climax at the expense of more time. The fruit of the tropics is more delicious, *juicy and rich*, because its textural organization is less dense and fine: and why? From the simple fact, that it gains its maturity in less time, and at the expense of less labor. But an argument of some weight, is, I think, found in the fact, that the condition of the lymphatic ganglia, called scrofula, seldom appears after the twenty-fifth year. It seems to have attained its maximum of development, or, in other words, to have reached its *climax* and commenced its decay (as evinced by suppuration) before the general organism has gained its maturity. Children of lymphatic habits are known to grow more rapidly than those of the bilious or nervous,—are precocious and extremely prone, ere the cycle of thirty winters has passed, to the influence of gout, rheumatism, or scrofula.

Is it not then rational to conclude, that the strength and *durability* of any organized body is indicated by the perfection of the *textural* organism of its various parts; or rather, is it not a *law*, as wide in its influence as nature itself?

Life is one great bundle of sympathy in which is comprised, organism, motion, and various other properties, and which, so far as they concern the animal kingdom, one is indispensible to the existence and perpetuity of the others. Vitality cannot exist without organiza-

tion, nor can organization exist without vitality, and both of these are indispensable to motion, yet motion is necessary to their perpetuity.

It may be said that organization and motion are mere *properties* of vitality. So say I—and *more.* Heat is a mere *attribute* or *property* of life, yet life cannot be sustained without *heat!* Attraction of gravitation is a *mere property* of matter derived from the centripetal motion of the earth; yet, were it not for that *attraction* the earth could not maintain that motion.

A thought worthy our highest admiration is, that, He who created all things made them to harmonize in the simplicity of wisdom! The vilest worm that crawls in filth and mire, or the fiercest lion at whose voice the forests tremble, has its existence alike in virtue of the same fixed laws of vital change. The laws necessary to govern the nutrition and growth of the humblest confervoid plant, are as fixed and unalterable as those which control the organization of the highest animal, or the motion of the largest planet. All the elements of nature in the various capacities assigned them, have each certain immutable laws by which they must be governed. Carbon in every condition and situation is still carbon. It cannot in any relation supply the deficiency of oxygen, azote, hydrogen, or any other element, neither can any or all of these supply the deficiency of carbon. Separate or combined each has a mission to fill, that none others can.

The same law, in a certain sense, governs the different functions of the animal organism. The *liver* cannot perform the functions of respiration, neither can the lungs fill the duties of the kidneys: nor can the heart, with all its kindred appendages, supply the deficiency of a brain and nervous system. If then it be true that each set of organs has a special function which cannot legitimately become that of any other, it is equally true, that every departure from such a law must be at the expense and well being of the whole.

A law which was hinted at in a former article provides that every organ is sustained by the healthful performance only of its own function. Any *condition* above or below this, results either in its abnormal development, or diminished power. This, when compared with the theory of climactive development already referred to, will, I think, assist us in coming to the conclusion that a great portion, if not all, the specimens of struma, whether hereditary or acquired, are a consequent result of the violation of this law. I can conceive of no peculiarity of the constitution that bears stronger evidence of the want of harmony of function in the different organs of the body, than that which is entitled "Struma," and which I shall now aim to characterize

To one who is a close observer of the peculiarities of the human constitution, it is by no means difficult to point out the lymphatic by his gait.

That strange, lazy, sluggish, swinging or wagging of the body, as though he moved at the expense of great effort, is, I think, but seldom if ever seen in any but those freighted with a heavy cargo of lymph. It would seem that the width of the pelvis in its ascetabular diameter is so great, that the adductor muscles have not sufficient power to bring the lower extremities into a proper line with the trunk to form a balance without that effort of the trunk to accommodate the deficiency; when speaking, a very strange vocal resonance is heard. It seems to proceed entirely from above the glottis; the sound would seem to indicate a relaxed condition of the mouth, or that it was partly filled with raw cotton, or some soft material. The inferior maxilla is ordinarily shorter and more angular than in most subjects; so that the superior maxilla juts considerably over it; plainly exhibiting the superior incisors, the edges of which, come into juxtaposition with the edge of the lower lip. The ala nasi, malar bone and maseter muscles, are generally largely developed, the upper lip and eyelids are usually thick, presenting a swelled appearance. The skin is generally fair and smooth, but not always; it is sometimes dark and covered with small tender looking papilla. The hair is not always fair, light and straight, as described by some authors, but extremely subject to variation.

Individuals of this temperament are ordinarily great gormandizers; manipulating dexterously with the knife, fork and spoon, and playing an interesting game at beef, pork, poached eggs and pudding. Many of the characteristics here enumerated are frequently wanting in those who acquire the habit; but whether hereditary or acquired, the *lymphatic speech* is ever present, and to a cultivated ear, is a peculiarity by no means difficult of detection. The sound imparts the idea of sluggishness or stupidity, as though the individual was under the influence of narcotism, or as if the vocal apparatus was spongy and lacking density and activity.

The brevity of this article will not allow a recapitulation of the very scattering remarks which have been submitted; but I must beg indulgence until another moon, when I shall aim to supply the deficiency, and give what I consider a rational view of the proper treatment.

ART. IV.—*Surgical Cases, with Remarks.*—By J. F. SANFORD, M. D., Professor of Surgery in the College of Physicians and Surgeons of the Iowa University.

The following cases, which have occurred in my practice during the last three years, seem worthy of notice, from their frequency, as well as from the success which has followed the operative proceedings instituted for their relief. Some of the cases below detailed presented appearances, which left but little hope of permanent relief from operation, but it will be seen, as we think these cases prove, that malignant disease is often strictly local, and may be committing frightful ravages upon a particular part, whilst the general frame remains uncontaminated. We have always subscribed to the doctrine, that where carcinomatous disease exists in a part, as a mere local manifestation of a general cancerous cachexy, the resources of surgery will avail but little, yet we are not disposed to connect this local disease with a similar condition of the whole system, in as large a number of cases, as is done by most surgeons who have written upon this subject. The truth is, the most of those tumors which, in the beginning are strictly benign, may, from the influence of peculiar states of the constitution, become malignant in their character, and remain in this latter condition sometimes for a long period, without exerting any decided re-active influence upon the general system. Dr. McClelland remarks, that, "we often meet with females who have had small and innocent lumps in the breast for years, without having been at all troubled by them, but after the loss of a husband, or favorite child, the disease will acquire malignancy in consequence of mere grief."

Many physicians are disposed to decline or abandon the treatment of cancer, under the impression that local treatment does but little good; but cases of the kind, above quoted, should always lead them to institute a careful inquiry into the history of the case, and if found to present no strongly marked symptoms of pre-existing constitutional involvement, they may undertake an operation with as much prospect of success, as in any other class of cases.

Mrs, Howard, aged 52 sanguine temperament, presented herself to me, on twelfth of July, 1849, with a dense, inelastic and moveable tumor, about one inch below the upper border of the sternum, nearly in the middle line. A slight growth which she regarded as a wart, made its appearance at the spot indicated when she was twelve years old, and slowly increased until six years before I saw her, when it had attained the size of a pigeon's egg. At this time she was delivered of a still infant, after a lingering labor, and subsequently suffered an attack of puerperal fever. Her convalescence was tedious, and

before her health was re-established, her attention was attracted to the tumor by sharp stinging pain, sometimes extending toward the mammary gland and axilla of the left side; about the same time the diseased mass seemed to become more intimately incorporated with the integuments, was slightly discolored, a little sore upon handling (for the first) and began rapidly to enlarge. The increase had been so rapid, that when I first saw her, a common saucer would hardly suffice to cover it, and presented the following appearance: It was of an oval shape about four inches and a half long, by two and a half wide, and two inches deep. It was tender to the touch, seemed to be sightly inflamed and puffy around the base, and of a bluish or leaden color at the apex. Upon careful inquiry, I could find no evidence of hereditary taint, and except as the result of mental depression and anxiety, the patient seemed to enjoy ordinary health.

Diagnosis.—This was at first a case of benign-tumor, undergoing a change of character from constitutional depression and mental anxiety, incident to accouchment and subsequent puerperal attack. When first presented to my notice, it had all the characters of carcinoma. There is little doubt that this degeneration began during convalescence from the attack above mentioned, and an interesting fact, in connection with its rapid growth and decided malignant character, is the immunity which the constitution enjoyed, form the local disease.

I advised an operation, which was consented to and performed on the fifteenth of July, 1848. There being nothing novel in the operative procedure, it need not be detailed. I will merely mention, that the disease seeming inclined to extend downward and to the left, we made our incisions more remote from the diseased mass in that direction, and after its removal, made a decided application of the caustic potash to the lower angle of the wound. The patient was directed to remain quiet, the tepid water dressing was applied with a view to promote granulation, and nothing untoward occurred until the first of October, at which time the wound was perfectly healed, presenting a firm, depressed, white cicatrix. Nearly three years have elapsed since the removal of the disease, and there is no symptoms of a return. The patient's health is good.

Case 2.—Mr. — Long residing in this county, aged 73, applied to me sometime in July, 1850, laboring under an extensive cancerous disease of the under lip. A patient investigation convinced me that this case presented all the symptoms of cancerous ulcer, elsewhere situated. In the course of the longitudinal furrow of the chin, was a small hard lump, extending upward from which were several hard cords, diverging from each other in such a manner as to terminate

at every part of the probabial surface, between the angles of the mouth. This latter surface presented a continuous ulcer, which discharged a fœtid and profuse fluid, and presented hard, everted, red and angry edges. It was tender to the touch and bled upon handling. The patient's system had evidently participated in the local malady, as appeared from his emaciation, bad appetite, costive bowels and night sweats. No member of the family had ever suffered from cancerous disease, and he knew of no exciting cause.

Notwithstanding the extent of the disease, and the apparent constitutional involvement, I advised an operation, and proceeded forthwith to perform it. The patient having been anæstheticized, I commenced a detachment of the integument from the inferior maxilla, beginning at the angle of reflection of the labial lining, and continuing downward to the base of the jaw. A sharp pointed straight bistoury was then made to perforate the detached skin two or three lines above the base of the chin, in the median line, and drawn by a gentle sawing motion upward and outward to the angle of the mouth, cutting about two lines free of the disease. A similar incision on the other side served to remove the entire mass of disease, and nothing remained but to close up the vacancy. To do this, it was necssary to borrow some integument. An incision was commenced six lines below each angle of the mouth, and carried downward in a semi-circular direction, and terminating within about four lines of each other; the direction was then changed, and they were carried obliquely upward, until they met at the commissure of the first incisions. The included flaps were then brought upward, and united in the median line by the hare-lip suture. The patient was then directed to remain quiet. the extract of conium, 1 gr. thrice daily was given, and after the removal of the pins on the fourth day, the wound was occasionally washed with chloric ether.

The patient improved from the day of the operation, the wound healed kindly, a useful lip was secured, and he is now in good health.

Remarks.—This case of local cancer, seemed to have involved the constitution, and under usual instruction, forbade an operation. The performace of this, and its entire success, with a similar result in other cases, justifies the impression that the systemic cachexy, which sometimes occurs in cases of local carcinoma is not always of the cancerous kind, but mild and inocuous as in other instances, where constitutional irritation and depression arise from non-malignant causes.

Case 3.—Col. Russell Williams, of Farmington, merchant, of sanguine temperament and robust constitution, aged about 66 years. Ap-

plied to me during the past autumn, for cancer of the right ear, which was first noticed in 1822. in the form of a "roughness of the skin, and small dry scales peeling from the hollow of the ear." This gave him no trouble for fourteen years, when a "small raw spot made its appearance." This exciting a little uneasiness, he was induced to try a number of simple remedies, none of which did any good. The disease steadily advanced till February 1850, when Dr. Cutter, of Farmington, told him it was a cancer and advised him to have it removed. This he declined for a time, but was finally influenced by his sufferings to consent to the operation, when he accidentally met a quack doctor, who assured him, that he could cure it in a few days, without operation. "I went and spent two weeks of severe pain, when he said it was all out, and would shortly heal; but in two weeks it had almost grown to its former size, and emitted a very offensive odor. He now called to see me and proposed my staying with him, until it was all out, which he said would be but two weeks. I went, and, for six weeks, suffered indescribable torture every day. By this time my throat and lungs felt severely the effects of his operations, and the doctor expressed some doubts as to the final success of his treatment. I left him in an hour, hardly able to ride or walk, and made my way to St. Louis, to get Dr. McDowell to remove the ear."

We make this long extract from the old gentleman's description, to exhibit the miserable tricks of quackery, and the inefficiency of their boasted treatment in cases of true cancer. The distinguished Surgeon above mentioned, removed the diseased mass sometime in July, we believe, performing, apparently, a thorough operation, but inflicting the most intense and agonizing pain, and drawing together with great force the scanty integuments. The extreme tension of the skin was a source of much suffering for three or four weeks, but the wound healed, and it was hoped that a cure had been effected. In a short time, however, the disease re-appeared, and grew with great rapidity. At this time he placed himself in my hands. The disease presented the following appearance: Above the meatus was a fungus mass, extending downwards posteriorly about an inch and a quarter; it was about three-fourths of an inch wide, the lower margin overhanging the meatus and extending a short distance into it; it was nearly an inch thick. The edges were hard and everted, the sore was tender to the touch, the seat of continual pain, the discharge was fœtid and profuse, and the glands in the neighborhood enlarged and tender. The general system had greatly suffered; there was emaciation, derangement of the digestive organs, sallow hue of the skin, and great mental anxiety.

Notwithstanding these unfavorable appearances, I advised an operation, and proceeded to perform it the next day. Three incisions, embracing a triangular space, carried free of the disease, and the lower angle extending a third of an inch into the meatus, served to encompass the disease; it was then carefully dissected out, the only suspicious part left, being the upper wall of the meatus, and to this, the caustic potash was freely applied. The patient was put upon a good diet, ordered to use the tepid water dressing, with a view to healing by granulation. On the second day after the operation, the patient rode home, (30 miles) his general health commenced rapidly to improve, and now, after the lapse of several months, the general health is excellent, the sore entirely healed, there are no cancerous pains, and "I hope," he remarks, "that I am once more whole."

In this case, there were two causes of reproduction, after the operation of Professor McDowell: The first was, the sudden loss of a son, which overwhelmned him with grief. Immediately after its occurrence, the morbid growth re-appeared. The second was the violent traction made upon the integuments to *close* the wound in view of healing by the first intention. The painful tension thus produced, was a constant source of trouble, till the disease showed itself again, and it is probable this was mainly instrumental in inviting its return; since during its second healing, which went on without the slightest pain, his wife was thrown from a buggy and killed, producing a degree of grief, not less poignant than the loss of his son, without interfering with the kindly union or permanent cure of the disease.

Two other cases, very similar to case first, might be related, but it would extend this article beyond the space we have to spare.

Our object in presenting these cases, is to encourage a resort to appropriate operations in other instances of the same kind. There is, perhaps, no disease which is looked upon with more dread by the community, than cancer, and there is none that is more certain to realize the worst fears of an individual, if left to its own course. We also wish to deny the doctrine, advocated by some authorities, and commonly held by the profession, that in all cases of cancer, the local disease must be regarded, "only as a manifestation of a similar condition, previously pervading the frame." This doctrine has carried many a patient to the grave, and more to a worse fate, the merciless torture of cancer doctors.

The precepts to be observed in the removal of malignant disease, we have not referred to. They are to be found in every work on Surgery, and are sufficiently familiar to our readers. We will only urge attention to the importance of mild and easy dressings, and to

our preference for union by the *second* intention, whenever any degree of violence is necessary to place the parts in a position to heal by the first.

The fact that the appearance of a small truly cancerous tumor excites a degree of fear and unhappiness in the minds of our patients almost equal to the ravages of a mortal disease, and that the physician may often do as much for his reputation in the former, as in the latter case, will serve as an apology for the recital of cases which some gentlemen may stigmatize as unworthy of detail.

ART. V.—*Iron. From the French of Trousseau and Pidoux.*

The preparations of iron, almost excluded from the Materia Medica during the reign of the school of Val de Grace, have, within a few years, received a new impulse, to which we are not strangers, and now they have resumed the important place which they held in the last century. In our day, there are few physicians who do not use iron, and who do not rank it, as to its utility, by the side of quinine, mercury, opium, &c., &c.

Pqysiological action of iron upon man in health. The martial preparations given internally produce inconsiderable effects upon man and woman in a state of health, and yet they ought to be noted.

Under their influence, no apparent effect is immediately produced, but, after eight or fifteen days, a feeling of fulness and of plethora sometimes manifests itself, which throws one into an indescribable distress. The head becomes heavy and painful, the understanding less clear, and, in a word, the symptoms of sanguineous plethora follow; the face, the chest and the back of women are frequently covered with pimples of acne, (*varus sebaceus,*) which only yield when the iron has been discontinued for some time. There is no fever, no excitement properly speaking, no modification of the secretions. Its effects on the stomach are hardly appreciable. It does not increase the appetite, it even more frequently diminishes it, and causes heaviness of the stomach, fœtid eructations, diarrhœa, and more frequently constipation. The stools almost always take a black color like that of ink, and this appearance has frequently deceived physicians for melænic dejections. This black color, according to Barruel, is due to the action of gallic or tannic acid, which is found mixed with our food. Bonnet of Lyons, attributes it to the combination of sulpher with the iron, and in this case he thinks to the formation of a sulphuret of iron.

At first sight it seems that the opinion of Barruel should be admitted without dispute. But we have many times seen the black stools from patients who had been put upon an exclusively milk diet, and who consequently were not taking any aliment which contained tannin. It is necessary then to have recourse to another explanation; the reaction pointed out by Bonnet, like the other, solely chemical,

cannot satisfy the practitioner who sees the stools of certain persons retain the yellow color, although iron is taken in considerable quantity, and though the stercoracious matters are very fetid.

May we not consider this coloring of the stools as due to a modification in the secretion of the liver, analagous to that which takes place when we administer calomel to a patient? In this latter case the excrements are green, and chemistry is till now as unable to explain this fact, as many others occurring in our economy.

We ought not to forget to note the action which iron has upon the teeth. All persons who take the ferruginous mineral waters, know that after a few days the teeth grow black, chiefly at the line of union with the gums. This trouble arises, moreover, only when one takes soluble preparations, and when, consequently, the salt of iron is in direct contact with the teeth, With some persons this stain resists the action of a brush, and renders the aid of a dentist necessary.

Some practitioners have affirmed that the ferruginous preparations may cause a somewhat energetic orgasm. We can ourselves be witnesses to this effect.

Occasionally, with women, the use of the martial preparations in a somewhat large dose, causes in the bladder an active irritation, manifested by frequent attempts to micturate, and smarting in the meatus urinarius, unimportant accidents which readily yield to the use of hip baths, or emollient lotions.

The influence of iron upon menstruation is entirely different from that which is commonly attributed to it. According to all therapeutists the ferruginous preparations excite the menses, but some investigations made with care have shown us that the menses are frequently retarded, and sometimes rendered less abundant, by these preparations. We shall see below what has been the cause of the general adoption of the contrary opinion.

Topically, the preparations of iron have an astringent action upon the tissues; they moderate the suppuration of ulcers, hasten the cicatrization of wounds, and check hæmorrhage. The soluble preparations are clearly the most energetic; the insoluble have nevertheless the same styptic properties as the others, but in a less degree.

Therapeutic action of the ferruginous preparations. In order to understand the mode of action of the chalybeates in the diseases to which these remedies are adapted. it is necessary to enter into some consideration of the disorders which the modification in the crasis of the blood produce in the economy.

After a large bleeding, doubtless because the organs no longer receive the normal supply necessary to the accomplishment of their peculiar functions, numerous disorders arise in the economy. These disorders, at first very noticeable, disappear by degrees, in proportion to the renewal of the blood. But if the bleedings are repeated, so that the blood cannot renew itself; if the alimentation is not sufficiently nourishing to furnish materials for this repair; or yet more, if a disease, unknown in its essence, and very common among women, blanches the bloood yet more completely than is that of those who have suffered great losses of blood; there appears in women that which is

known under the name of chlorosis, in men that which has received the name of anæmia. Chlorosis is almost always spontaneous. Anæmia is usually the result of losses of blood.

It is difficult to say why chlorosis is so almost exclusively peculiar to women that we can scarcely find a young boy chlorotic. This is explained, at least in part, by the difference in blood in the two sexes. In fact, the analysis of Fœdish has shown that the blood of a young man in health contained in a hundred parts in two different trials—

Cruor.	Serosity.	Fibrine.	Iron.	Water.
13.611	8.801	2.460	0.880	74.248
15.900	9.329	3.111	1.901	7e.568

The blood of a healthy woman contained in two different analyses:

12.400	8.601	2.511	0.801	75.687
14.408	8.920	2.507	0.901	73.278

From which it follows that in the physiological state the cruor and iron are less abundant in woman than in man. Now these are precisely the two elements which are deficient in the chlorotic woman, as is proved by the following analyses made by Fœdish upon blood of two women affected with chlorosis:

Cruor.	Serosity.	Fibrine.	Iron.	Water.
9.141	9.261	9.640	0.330	80.628
8.590	8.221	0.631	0.501	83.075

The analyses of Messrs. Andral and Gavarret, recently published, appear to confirm those of Fœdish.

In the normal state, the blood, according to them, contains, in a thousand grammes:

Fibrine,	3	grammes.
Hæmatosin,	2	"
Solid albumen, constituting with the hæmatosin the red globules,	125	"
Liquid albumen,	68	"
Soluble salts,	12	"
Water,	790	"

In chlorotics the proportion of the globules may go down from 127, (the normal type,) to 38, as these gentlemen have observed in one case.

On one point only do their results differ from those of Fœdish. He states that in chlorotics the fibrine, which in the healthy woman does not exceed 25 ten-thousandths, may go down to 6 ten-thousandths in chlorotics, while Messrs. Andral and Gavarret assert that the fibrine remains in the same proportion; a thing which we confess appears to us hardly probable.

These curious analyses of the blood suggest at once a reason for the paleness and fluidity of the blood of chlorotic patients, and beside, of the most of the singular symptoms which they present. One can conceive in fact how the blood, deprived in part of its exciting principles, the cruor and the iron, and of its reparative principle, the fibrine, no longer suffices for the material nourishment of the organs, and that numerous functional difficulties result from it.

The voluntary muscles become blanched, atrophied and relaxed—hence the difficulty and slowness of the movements; the muscles of

organic life participate in the same troubles, hence the flaccidity of the heart, the difficulty of the circulation, the sluggishness of the stomach, the constipation, the flatulence. In fine, the blood not arriving at the nervous centres, or the glands, or the membranes with its natural qualities, the nervous centres, the glands and the membranes cannot perform their functions as in the normal state. If then we restore to the blood the principal elements which it wants, we make it anew fit to influence the economy naturally. Now iron answers this indication.

It is asked how iron thus accomplishes the coloring of the blood. Some attribute to this remedy a tonic action only, in virtue of which the digestive and nervous functions are so influenced as to render innervation and nutrition more perfect, and thus the organic reconstitution is rapidly facilitated. Others, and these formerly less numerous, are now the majority, suppose the iron being absorbed may pass directly into the blood, may restore to it immediately the principles which it wants, and may make at once of this fluid a reparative element.

The existence of iron in the blood was admitted, and had already been demonstrated a long time ago, and it was on this metal that the color of the clot was made to depend by Joseph Badia, Galeacius, Menghinus, Rhades, Widmer, Haller, and Fourcroy. But this presence of iron, explicitly denied by Wright, was demonstrated in a positive manner by Forcke. Even after chemistry had made immense progress, the question remained in dispute, and many persons considered the facts as invented, on which the authors rested who affirmed that they had proved the existence of iron in the blood. At the present time no doubt can remain upon the subject, since Barruel, the conductor of the chemical investigations of the faculty of medicine at Paris, has shown that the blood contains an enormous proportion of iron; that in the blood the coagulable portion alone contains it; and has, in the presence of a great number of physicians, obtained iron from all the blood that was brought to him. We can here add our testimony. One of us being at the medical school in 1832, met with accidents which made a copious bleeding necessary. He was bled and had taken from the vein a kilogramme (2 lbs. 8 oz. 1 dr. 14 grs.) of blood. This operation was performed in presence of Barruel, who proposed to extract before us the iron contained in the blood. We agreed. Barruel calcined the blood, then having put it in a crucible prepared in a peculiar manner, as for the reduction of metals, he submitted it to the action of a very hot furnace fire, and we found at the bottom of the crucible a globule of iron, weighing one gramme, (15.43 grains Troy,) The same Barruel treated in like manner 350 grammes of blood drawn from Orfila, dean of the medical faculty of Paris, during an attack of cholera which brought him to the gates of death, and he obtained a globule of 35 centigrammes, (5.4 grs. Troy) which Madam Orfila had mounted in a ring. Again, in 1835, a young gentleman in our employ fell from a horse, on account of which we were obliged to draw 500 grammes. He had heard from us of the experiments of Barruel, and he also desired to have the iron which his blood contained. When he had recovered, we went together to

find Barruel, who obtained in his presence a globule of iron, weighing 45 centigrammes, (6.94 grs.) which, set in a ring, was offered as a gift to a celebrated actress of Paris. Moreover, the analyses of Fœdish, quoted at the commencement of this article, show the same thing.

The point was now to prove that iron was actually absorbed, And in the first place, as we have said, they have been able to show the presence of this metal in the urine. Tiedemann and Gmelin have found iron in the bladder and especially in the blood of the mesenteric veins, and of the portal vein of a horse which six hours before they had made to swallow a solution of 28 grains of protosulphate of iron. There are besides many observations which show that nut galls can blacken the urine of persons who have made much use of ferruginous waters and preparations.

Very recent and perfectly satisfactory experiments have been made by Brueck, at Dribourg. "We do not know," says this author, "that iron is really the coloring principle of the blood, but few experiments on rabbits have proved that iron administered enters actually into the mass of blood, it has been found that the phosphate, the muriate, and the carbonate of iron, and less rapidly iron filings, are digested and assimilated in the dose of five centigrammes a day for the former preparations, and in that of two and a half the latter. In the whole, the mass of the blood of a rabbit cannot be impregnated with more than forty or fifty centigrammes; the assimilation afterwards appears to stop for some time, and the masses of iron afterward given were evacuated by the rabbits for fifteen days."

"In comparing," adds Brueck, "these experiments which show the introduction of iron into the mass of the blood, one sees that with chlorotic women the blood takes, under the influence of this medicine, a redness more and more intense. It appears to us allowable to draw the conclusion that the iron, although indeed it may not be the immediate cause of the color of the blood, yet increases the parts of this fluid capable of receiving color by the aid of respiration, to wit, the globules or their envelope."

To rest then upon the true and the undeniable, we may say: 1st, that the blood of chlorotics contains less of clot and of iron than the blood of healthy women: 2d, that by the use of ferruginous preparations the blood quickly recovers the clot and the iron it had lost: 3d, that the iron is evidently absorbed, circulates in the vessels and is separated by certain secretions. As to the rest, we will not here recall it; this is theory, and our readers have been able to perceive that we do not hold much to theories.

The blood thus modified by the iron, again recovers the properties which it had lost, a proof that the reparative fluid has been completely recomposed.—*N. H. Jour. of Med.*

ART. VI.—*Nature and Treatment of Erysipelas.* By Dr. W. H. Walsh.

In a long essay on the constitutional origin of erysipelas, the author details several cases of this disease in its idiopathic and traumatic forms, after which he states his belief that erysipelas is "a peculiar kind of fever or constitutional irritation producing an inflammation of the skin." This opinion he holds for the following reasons:

1. The disease, like small-pox, measles, &c., is subject to metastasis. 2. There is always the same train of symptoms in each case. 3. A minute dose of tartar emetic, which would have no effect in other inflammations, generally causes severe vomiting in this. 4. In mild cases the disease will wear itself out; the part where the eruption first appeared getting well, while the disease spreads to the sound parts, and this continues until the system is completely rid of the poison. 5. It often recurs in the same patient at stated intervals. 6. It is, most probably propagated by contagion.

He next proceeds to speak of a plan of treatment which he has found the most efficacious, viz: that of tartar emetic.

Of this he says:—"In my opinion there is no form of the disease which should not be in the first instance attacked with tartar emetic, whether there be high inflammatory fever, low fever, vomiting or purging; under all and every circumstance, we shall find that the disease yields to this remedy. It is not, however, to be given in large doses, but in very small doses, as recommended by Desault.

"Tartar emetic seems to act specifically in erysipelas, because it, in most cases, vomits and purges after the second dose. I have ordered this medicine in the same proportions in other diseases, as in phlegmonous inflammations, without the least perceptible effect on the patient."

The paper concludes with the subjoined summary:—

1. Erysipelas is a constitutional disease, depending on a morbid state of blood; and the eruption and fever are the means adopted by nature to get rid of the poison.

2. For practical purposes, it is only necessary to divide the disease into idiopathic and traumatic.

3. Tartar emetic seems to act specifically on erysipelas.

4. As soon as the tartar emetic has acted sufficiently, tonics may be given.

5. Local applications are unnecessary or injurious.

6. Incisions are only necessary in the suppurative stage.

[*Prov. Med. and Surg. Jour.*

ART. VII.—*On Extraction of Needles.*

Much has lately been said on extraction of needles in the flesh, and I am going to throw in my mite while the subject is up. I have seen much mischief in cutting for a needle, or a portion of one; more, in my opinion, than by leaving it to itself; for it has never been my misfortune to meet with a case where the foreign body did not find its

way to the surface, and then it is easily extracted. The inside of the hands and soles of the feet are the parts most liable to be injured; and if the surgeon begins his search in these situations in the expectation of finding what he is searching after, he will in most instances be disappointed. The tendons, fascia, muscles and nerves of the hands and feet cannot fail of being much injured, and the surgeon will have the credit of causing the injury. I have had many patients present themselves to me with such accidents—some of them very much frightened, and insisting on having search made until the foreign body was found. Or they had already undergone an operation, with extensive incisions which exposed the tendons and ligaments, making a trivial thing one of a serious character.

One invariable rule should guide the surgeon in such cases. When the foreign body can be seen or felt, no difficulty will be experienced in its extraction. A pair of closely fitting forceps, after cutting down on to where you have fixed it with your fingers will generally do it without trouble. But in all cases where it is *out of sight*, and cannot be *distinctly felt*, let it alone, quiet your patient's fears by assuring him that no harm will result, and you will not have cause to regret the course. I never used the scalpel in a case where the needle was not in sight or could be felt, but what I regretted it; and, what is of more consequence, the patient did the same. On the other hand, I never left one to nature, but both patient and myself were glad in the end.—*Boston Med. and Sur. Jour.*

ART. VIII.—*On the employment of Forced Flexion for arresting Hæmorrhage in Wounds of the Palmar Arch.* By Dr. E. Durwell.

M. Durwell prefaces a case of wound of the palmar arch by some general observations on the modes of treatment which have been advised in this accident, and points out certain known objections to each. The following abstract presents the chief features of the case, and M. Durwell's subsequent observations.:—

A woman fell from a ladder, having a bottle in her hand. The bottle was broken, and fragments pierced the palm. M. Durwell, on arriving at the poor woman's cottage, found the palmar arch wounded; and he had no means of securing the artery. While controlling the hæmorrhage by pressure on the brachial artery, the following sentence in M. Malgaigne's "Anatomie Chirurgicale" occurred to his mind:—"The only points at which obliteration of an artery can be obtained by position alone, without the aid of external compression, are at the head of the arm and knee—a fact which is of great importance in reference to the arrest of hæmorrhage." Acting upon this statement, M. Durwell immediately bent the arm on the forearm at an acute angle; the hæmorrhage was instantly arrested. Advantage was taken of the circumstance to effect a definite cure. The arm was retained in its flexed positon by bandages, so that the pulsation of the radial artery was completely intercepted. The wound of the hand

was treated as an ordinary wound, and, for the sake of precaution, compresses were laid over the course of the arteries of the forearm. The cure progressed favorably. On the third day, as the patient complained of the restraint of the posture, the arm was slightly extended, and it was noticed that a small portion of florid thin blood oozed from the wound. The arm was restored to its flexed position, and in a short time the vessels and the external wound had perfectly healed.

In this manner a wound, usually regarded as of a very serious character, was safely and speedily cured by a proceeding as simple and unobjectionable as has ever been proposed. It must be attended with success when employed in analagous cases, and from its simplicity, should be tried in the first instance in every case. M. Durwell observes justly, that it would be rash to make a more general application of a single fact, as there doubtless occur complications, rendering its employment impossible or unadvisable; but, at the same time, he adds that this principle may be found, by further experiment, to be useful on other occasions, for the obliteration of the popliteal and humeral arteries. This principle he lays down in the proposition—"that in most arterial lesions of the forearm and leg, prolonged forcible flexion supercedes the ligature of the vessels."—*Prov. Med. and Surg. Journal.*

ART. IX.—*Treatment of Epidemic Dysentery.* By Dr. J. W. Tullis.

Sulphate of Morphia, in doses varying from 1-6 to 1-3 of a grain, to be taken every time the bowels are moved, provided the intervals be not less than half an hour; thus giving time for the medicine, lest the patient be narcotized. Regimen is of the utmost importance; total abstinance from food, mucilaginous drinks and suitable doses of morphia after each evacuation, will frequently effect a cure in less than twenty-four hours. Cup freely and frequently in cases marked by unusual pain, or tenderness of the abdomen, or great prostration, which have resisted all internal treatment. Warm emollient poultices are of great service in serious cases.—*Ohio Med. Jour.*

ART. X.—*Cold Water in Internal Hæmorrhoids.* By Dr. I. P. Garvin.

Throw up a gill of cold water in the rectum immediately before every attempt to evacuate the bowels, and this to be retained as long as possible. This is usually followed by an evacuation of softened fæces; after every evacuation ablutions of the parts. The patient must persevere with the treatment, though he should almost feel well. In old and severe cases, it should be continued for several weeks.—*Southern Med. Journal.*

Editorial and Miscellany.

North Western Medical and Surgical Journal—Extra,

In which Dr. Davis of Chicago, gives the reviewers of his "History of Medical Education," &c., a general review, has come to hand since our last issue. Dr. D's object in the publication of this pamphlet seems to be, to defend himself against the charge of ignorance and incompetence as a medical historian, urged, and as we think, satisfactorily proven by the Editor the New York Journal of Medicine. After introducing in full the criticism of the last named Journal, together with the comment upon it by the Western Journal of Medicine and Surgery, and the New York Medical Gazette, he *finally* quotes the remarks with which the comments of the Western Journal were introduced to our readers in the March No. of this Journal.

It has never been any part of our intention to attempt a critical analysis of Dr. Davis' work on Medical Education, nor to answer in form, any of the sophistry with which the Rush Medical College have attempted to sustain the policy which they have lately seen fit to pursue. A policy, which we now repeat, whatever merits it may possess, was conceived in sin and brought forth in iniquity.

When this history of Medical Education was announced, we anticipated what its final appearance has confirmed to us,—a volume partly filled with complaints against the present system of medical education, without its excellencies, being prominently presented, but mainly occupied with the details of plans, which the author has conceived to be right, and the discussion of which, on former occasions as we now repeat, led him to *abuse* and *defame* the regular profession of the United States in such language as provoked a defence from one of its most erudite and honored members. Now, all this fault finding, as well as the author's peculiar views, in regard to medical education and the tenacity with which he defends them, is well enough, and would have been commendable, perhaps, even in our eyes, had we not been familiar with the medical polemics of Chicago. But we have no belief that Dr. Davis expected this book to serve as the basis of his reputation as a medical historian. The hot haste with which portions of the work, were put forth in the North Western Medical and Surgical Journal under the security of a copy-right, with the *full and impartial notice that was given to some Western Schools,* indicated to us, the true objects of the book. Professional sentiment in the West, as well as elsewhere, was setting againstt he sudden and uncalled for innovation of the Chicago School, and something more than a journal discussion was required. *The sacred and impartial prestige of*

history was invoked to give immortality, to an unworthy and unprofessional proceeding of the Rush College, and the page sacred to truth and justice desecrated by discussions repugnant to the feelings of honorable medical men.'

It was because we knew and appreciated the motives of the Chicago School, in the reduction of fees, that we declined a discussion upon the merits of this policy. For this same reason, as we truly believed, we refrained from a serious review of Dr. Davis' work. But we had the privilege of introducing the opinions and criticisms of respectable medical journals upon the literary merits of the book, without incurring the just censure of the author or any one else. As to the charge, that our remarks were personal and abusive, it is false. We know nothing personally of the author. All we have said we can sustain by evidence which has been given to the world, by gentlemen whose heads are full, and the impulses of whose hearts no one can doubt. As to the rules of criticism, we need not speak; we have assumed no position in this matter that renders the rules laid down by Dr. D. applicable to us. We may say, however, that we have always looked upon an author as public property, and the liberty which the medical press have assumed, of passing judgment upon medical books, as the highest and most valuable conservative principle in the literature of our profession. Take away this safeguard, remove from the mind of every man who is disposed to write a book upon a medical subject, that fear imposed by the exercise of duty on the part of the faithful sentinels of the press, and what effect will it have upon our science? There are rules and moral obligations for authors as well as for critics. It is the duty of every man who assumes the attitude of an author, to possess a complete and thorough acquaintance with the subject upon which he writes, to communicate his sentiments in appropriate language and style, in an impartial spirit, and to exhibit in every thing he says, a decent respect for the opinions of others. If he meet these requistions, he can justly lay claim to the protection of the laws of criticism, if not, he is beyond the pale.

In conclusion, we beg leave most respectfully to urge, that our course in regard to Chicago and the work of Dr. Davis has been dictated by no private feelings. In all we have said, we have had the good of the profession at heart, and our efforts in this respect have been directed in opposition to an influence from the north of Illinois, which was intended by those who gave it birth, to overwhelm and destroy the infant and struggling Institution with which we are identified, and which it is now a part of the legitimate glory of our adopted State to build up. To those who are acquainted with the se-

cret policy of our northern neighbor, the explanation is unnecessary; we have before said that such a warfare is repugnant to every feeling of our heart, that we would prefer the "noble and inspiring conflict of mind," but we now say, that the recollection of the Laporte intrigue, the inuendo and ill concealed sarcasm that meet our eye in their print, and the occasional presence of their emmissaries,—one of whom this day, in our own office, to our students, traduced our Institution,—compels us, in obedience to the great law of self defence, to speak our mind freely, in regard to such unprofessional and contemptible conduct. We hope the discussion, as to the reduction of fees, will soon cease. We have all along appreciated the fact, that unless the American Medical Association and the Schools in the Valley come to our aid, we might have to make our fees correspond with those of Chicago. We have made our appeal, and we await the response, resolved to abide it, if against us, with as good grace as people usually exercise, who cannot avert an evil. It is well known, however, that this course is forced upon us, and that we will surrender our weapons, if need be, not to our enemy, but to a higher and more honorable power.

Eighth Annual Report of the Managers of the "State Lunatic Asylum" of the State of New York.

There are no documents perused with more interest than the annual reports of the different insane asylums of the country. To the humane physician they come with a hearty welcome. The time was, and not very long since, when insanity claimed but a slender share of attraction from the medical profession. The unhappy sufferer was doomed to drag through a life of hopeless misery, incarcerated, and perhaps in chains, regarded as a *dæmon* and treated as a felon.

Our annual reports emanating from the officers of the various asylums triumphantly show how much has been done and still is doing for this unfortunate class of our fellow men, and no one gives us more gratifying assurances of success than that of Dr. Benedict of the above Institution. The report is an able one, and its style and manner evince a mind well acquainted with the subject of which he treats, and a heart to feel for the unhappy beings under his charge.

How soon can Iowa boast of such a benevolent enterprise? That it is demanded by the condition of a large portion of her citizens none will deny. Who should feel more deeply alive to the importance of this subject than the members of the medical profession, and who can exert a more decided or favorable influence in its behalf? Let that influence be exerted, and very soon the insane of this State who

have been imploring admission into asylums in other States, but have been refused, will find a home in their own retreat, no longer mendicants to other State institutions.

Essays on Asylums for persons of unsound mind.—By JOHN M. GALT, M. D., Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburg.

We will venture the assertion that in the voluminous writings relative to the all-important subject of insanity, nothing has ever been written containing more sound sense and practical philosophy than this little pamphlet of Dr. Galt's. His essay embraces the discussion of two principal questions connected with the welfare of the insane. 1st, The organization of Asylums; and 2d, The medico-legal question of the confinement of the insane. On both of these questions Dr. G. is clear, original and practical, and exhibits a familiarity with the subject that indicates much experience and thought. His essay is an inestimable contribution to this department of our literature.

Report of the Eastern Lunatic Asylum in the City of Williamsburgh, Virginia.

This report contains the usual statistics, with much valuable information relating to the inmates, and some cases of special interest.

Cases of Vesico-Vaginal Fistula. By GEO. HAYWARD.

This eminent Surgeon has favored the profession with the results of his experience, in the treatment of this distressing and intractable disease, in a neat pamphlet of 20 pages, the receipt of which we hereby acknowledge. The great difficulties presented in the radical cure of this disease, are apparent from the numerous operations that have been proposed by eminent Surgeons, and the fact that all that has heretofore been accomplished, toward a successful treatment, was far from being satisfactory to the profession. It was therefore a legitimate subject for investigation and improvement, and we are sure the profession will appreciate the labors of so good and eminent a Surgeon as Dr. Hayward. The principal peculiarity of Dr. H's operation, consists in dissecting up the membrane of the vagina to a considerable extent around the orifice and carrying the needles through this at some distince from the pared edges, excluding the coats of the bladder, and thus removing the danger of inflammation of that viscus, which in most other operations is the source of peril and the cause of failure.

An Address delivered before the Suffolk District Medical Society at its Second Annual Meeting. Boston, 1851. By SAML. PARKMAN, M. D., one of the Surgeons of the Mass. Gen. Hospital.

Dr. Parkman's theme is the present tendency of investigation in medicine, and he ably examines the present condition of the medical profession and the spirit of the present age. The Doctor's Address is full of sound advice to his professional brethren, and the Suffolk Society did itself credit by its publication.

Statistics of Calculous Diseases in Ohio—A Report made to the Ohio State Medical Society. By E. H DAVIS, M. D.

This is a most interesting report upon an important subject, from the able pen of our friend Dr. Davis, of Chillicothe, Ohio. Wishing to devote more space to its consideration than we have now to spare, we will only at present, return our acknowledgments to the author for the copy received. In a subsequent number we will present some extracts from this report.

Exchanges.—The North Western Medical Intelligencer, Supplementary to the North Western Medical and Surgical Journal, published monthly, we believe, and designed principally to supply the patrons of the North Western Journal with more frequent medical intelligence. The first number contains several very interesting articles, and is very respectable in appearance. We wish the enterprising editor may realize success in all his truly scientific undertakings.

New Orleans Medical and Surgical Journal has passed exclusively into the hands of the able Editor, Dr. Hester, who is now sole proprietor and guaranties to its patrons the utmost prompitude in attention to its business and scientific interests. All business is to be transacted with him.

Dental Register of the West. Edited by JAMES TAYLOR, M. D.—We are happy to welcome this able advocate of the interests of a sister science to our list of exchanges. Through the exertion of its scientific professors, Dentistry is assuming that position in the public estimation, which its importance justifies, and nothing does more to strengthen and estalish its claims to public and professional regard, than such able periodicals as the one before us. We wish our friend Taylor a success commensurate with his merits.

OBITUARY.

The following eloquent and merited tribute to the memory of one of our most talented and accomplished physicians, is extracted from the opening remarks of Dr. E. Lowe, President of the Iowa Medical and Chirurgical Society, at the last annual meeting:

"With the pleasant reminiscences of our organization, and the cheering prospects of our Society are associated feelings of mournful sadness.

"For some who were then present and actively participated with us, are by sickness prevented from joining us on this occasion, and at least one of our number has been called to his final account, and his place made vacant forever.

"Doctor A. F. Bruning of Burlington, a native of Germany, a respectable scholar and a devoted student, a graduate of the Medical Department of the Missouri State University, after regularly studying medicine and attending two full courses in that institution, a gentlemen of most excellent and amiable qualities of heart, with a popularity and standing based upon the sure foundation of a strict performance of all the duties pertaining to the various relations of life, was cut down in the midst of his usefulness, and in the brightness of his prospects. The first cases of Cholera in Burlington during the past summer, occurred among some Germans and Russians quite recently arrived, and it fell to the lot of Dr Bruning to attend them, and from that time until stricken down himself by the same disease he was constantly attending upon his countrymen among whom it prevailed most extensively. A day or two before his attack he expressed his conviction of the infectiousness of the disease, and of his liability to an attack from being much with the sick in close, filthy apartments. But notwithstanding his personal danger, he faltered not in the discharge of his professional duties, and like a good and brave soldier, he battled well to the last, and when he fell his face was to the foe. His life and conduct are worthy of emulation and remembrance."

Doctor Samuel George Morton, the eminent Ethnologist, author of "Crania Americana," "Crania Egyptiaca," &c., &c., died in Philadelphia, of Dengue, May, 15th inst. In the death of Dr. Morton, our profession has lost one of its brightest ornaments, and natural science one of its most indefatigable and successful cultivators. Dr. M. died in the midst of a fame that overspread the civilized world.

METEOROLOGICAL REGISTER FOR APRIL, 1851.

PREPARED BY JACOB RUMMEL, ESQ.

Date.	Fahrenht's Thermom'tr. 6 A. M.	12 M.	6 P. M.	Mean Temperature.	Winds. Course.	Velocity	Character of Weather. A. M.	P. M.	Quantity of Rain and Snow
1	40	60	48	47	W.	Mild.	Cloudy	Cloudy	Rain ⅛ inch.
2	30	45	43	41	"	Brisk	Fair	Fair	
3	39	58	50	49	S. W.	"	"	"	[from 4 P. M. to midn't.
4	48	60	39	44	N. W.	Fresh	Cloudy	Cloudy	Rain, 2⅞ in., violent storm
5	20	28	30	28	N.	"	"	"	Snow 8½ in., drft'd 3 to 6 ft.
6	30	46	48	44	W.	Mild.	Fair	Fair	
7	47	48	43	41	"	Fresh	Cloudy	Cloudy	Rain ¾ in.
8	28	42	43	40	N. W.	"	"	"	
9	43	54	53	50	"	Brisk	"	"	
10	34	44	45	42	N.	Fresh	Cloudy	"	
11	43	50	53	47	E.	"	Clear	"	
12	33	51	43	44	N. E.	"	Cloudy	Cloudy	Rain 2⅛ in.
13	43	50	33	41	W.	"	"	"	" 1¾ "
14	38	46	43	43	"	"	"	Fair	
15	42	56	42	47	S. W.	Mild.	Fair	"	
16	43	50	43	45	W.	"	"	"	
17	30	56	54	58	"	"	"	"	
18	50	60	54	54	S.	Fresh	"	"	
19	44	58	49	50	S. W.	"	"	"	
20	40	50	41	42	W.	Brisk	"	"	
21	32	47	43	42	"	Mild.	"	"	
22	42	58	52	51	N. W.	"	"	"	
23	44	64	56	56	W.	"	Cloudy	"	
24	52	63	58	58	"	"	Fair	"	
25	53	69	57	61	S. W.	Fresh	"	Cloudy	Rain, slight.
26	52	68	58	57	"	Brisk	"	Fair	
27	49	58	52	52	"	"	"	"	
28	46	67	61	59	W.	Mild.	"	"	
29	52	42	44	43	"	Violent	Cloudy	Cloudy	Rain 1¼ in. and snow.
30	33	58	51	47	"	Brisk	Clear	Clear	Frost.

NOTES.

Mean temperature for the month, 47½°. Rain, 9¼ inches. Snow, 8½ inches. Clear days, 19. Cloudy, no sun, 7. Variable, 4.

THE

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ART. I.—*Surgical uses of Cold Water, with Cases.* By J. F. SANFORD, M. D., Professor of Surgery in the College of Physicians and Surgeons of the Iowa University.

Cold water is applicable to the treatment of every variety of wound and injury. But as the danger of inflammation varies with the extent of injury, the manner of application may be varied according to the circumstances. The application of the douche, as directed in the last number of the Journal is adapted to those cases of severe injury, in which the danger of destructive inflammation is imminent, as in extensive lacerated or contused wounds, with loss of substance, or severe fractures or dislocations; but there are cases of a milder character where the impression need not be so decided or persistent; one or two layers of cloth dipped in cold water and laid on the part, produce rapid abstraction of heat by evaporation, and often suffice in cases of superficial or cutaneous inflammation. Again, water may be used as a cataplasm, where a little more decided impression is desirable by using six or eight layers of cloth saturated and laid upon the part and repeated as circumstances require. We shall now proceed to illustrate the principles we have laid down, by a few cases, drawn from our own experience and the practice of others. We shall first present a few cases of incised wounds.

CHARLES JACKSON, whilst scoring timber, lost his footing and fell to the ground. The impending blow of the axe was received upon the upper and outer part of the leg, and inflicted a deep wound, fracturing the fibula and cutting across the anterior tibial artery a little below where it passes forward to the anterior part of the leg. The hæmorrhage, which at first was very profuse, was temporarily arrest-

ed by a handkerchief bound tightly around the limb. I saw him in an hour after the accident, and found him complaining of pain and tension in the part, which was attributed to the accumulation of blood in the wound. Anticipating a wound of the artery, I cautiously removed the bandaging, and upon separating the lips of the wound and removing a considerable quantity of coagula, a gush of blood, continued in jets, at once indicated the necessity of a ligature to the bleeding vessel. This was accordingly applied and the hæmorrhage ceased. Crepitus was easily elicited, but there was little displacement of the ends of the bones. After the lapse of a short time, the lips of the wound was gently brought together and retained in apposition by two sutures; the patient was placed in bed with the limb slightly elevated, and the application of cold water commenced in the form of cataplasm. The sense of tension, which was but partially relieved by clearing the wound, and the pain which had become very severe after the ligature of the artery, were entirely subdued in the course of an hour. I saw the patient in the evening, about three hours after the dressing was commenced, and he informed me that the sensation in the part was that of comfort and ease. The water dressing, in the form of cataplasm was diligently continued for four days, the condition of the part being narrowly watched. After this, the application was not so frequently repeated, and a piece of oiled silk was lightly bound over the layers of cloth. On the eleventh day the ligature came away, the wound having healed except along the course of the thread. On the twenty-second day the reparation was complete, and the patient gradually resumed exercise, without having suffered any pain during the whole progress of the cure, and without the occurrence of inflammatory action in the part. Considering the severity of the accident, its complication with fracture, the ligature of the artery, &c., it is exceedingly improbable, that under any other treatment, could the same favorable result have been achieved.

H—— W——, aged 18, delicate constitution, strumous diathesis strongly marked, was the subject of articular caries of the knee. This had been going on a year. The profuse discharge had reduced him to a pile of skin and bones, and the only hope of saving his life was in amputation of the thigh. This I performed in the fall of 1849, in the presence of Drs. Davis, Barton, Lane, Grubb and Avery. The great object was to thwart the establishment of the inflammatory process, in the stump, which, on account of the low vitality, could not fail to lead to disastrous consequences. After the oozing of blood had ceased, the lips of the wound were brought gently together, and the cold water cataplasm was immediately applied. The patient was

put upon a chalybeate and tonic treatment, and such remedies were givon, as we hoped would counteract the evil tendency of the diathesis. Diligent and faithful assistants maintained the constant influence of the cold water. In a few hours the pain incident to the operation ceased, and the patient recovered without a single bad symptom. I will here mention, that after the constant application of the cold water till the tenth day after the operation, the wound exhibited a very languid appearance, which we feared might be increased by the further application of the sedative agent. The cold was therefore discontinued, and light dry lint dressing substituted. The day after this change in the dressing, a slight sense of heat was felt in the wound, and on inspection the granulations along the margin exhibited a redder hue and gave evidence of slight vascular excitement. This, however, did not increase, and seemed to fulfil a salutary purpose in facilitating reparation. In five weeks my patient was greatly improved in health and flesh, and rode in an open wagon to see me, a distance of fourteen miles. Under the old treatment of plasters and grease, this patient would have perished. I will here say, that in all cases I employ the cold water dressing after amputation.

Lacerated Wounds.—Wm. McGuire, aged 14, fell from a tree a distance of about thirty feet, and was received upon a sharp end of a broken shrub, the point penetrated the posterior part of the right thigh, at its upper part, passed forward and inward tearing up the muscles in a horrible manner and emerged through the scrotum tearing away the right side of this sac and leaving exposed and pendent the right testicle. I saw the patient two hours after the accident, and found him scarcely recovered from the shock of the injury; he was pale and weak, the circulation was feeble, and the pain in the wound and the small of the back, as it is called, very severe. Upon examination we found the laceration deep and extensive. the edges of the wound were ragged and retracted, and there was no hæmorrhage. Notwithstanding it is usually held that inflammation in these cases is inevitable, that adhesion is impossible, I resolved at least to test the efficacy of that treatment which is calculated to prevent the one and favor the other. The wound having been carefully cleansed of blood, the edges of the flesh wound on the posterior part of the thigh, were very loosely approximated and two stitches, a considerable distance apart and very loosely drawn, were taken, the wound of the scrotum, after returning the testicle, was then more neatly closed by three stitches and the patient was placed in bed in such a position as to favor the application of cold water, which was immediately commenced on the principle of the syphon. Under the influence of this application, the

severe pain in the wound and back speedily subsided, and the patient remained comfortable the subsequent eight days. On the fourth day, a slight discharge of pus made its appearance, but there was no inflammation in the wound, no tumefaction or tension. On the ninth day, soreness and pain being complained of, the wound was examined and a small depot of pus discovered under the skin on the back part of the thigh. This was freely incised and relief followed; on the twelfth day, there seeming to be no tendency to inflammatory action, the wound in the scrotum being entirely healed and the granulations along the edges of the wound of the thigh looking rather pale, the water was discontinued for a short time and the edges of the wound drawn into apposition by the isinglass plaster. A little vascular excitement followed as in the case of Welsh, but it did not persist and I had the satisfaction to witness the perfect recovery of my patient without a bad symptom. As is usual in the healing of lacerated wounds, suppuration occurred in this case, but it was slight and we were able to engraft adhesion upon granulation in the treatment, through the influence of cold water.

Thomas Hall had his right hand caught in a thresher and suffered a severe and extensive laceration and fracture. Two of the fingers were carried away and the metacarpal bones of the ring and small finger crushed. The thumb had likewise suffered a severe contusion, and the hand was otherwise injured. After trimming away the lacerated margin of the wound and adjusting the fractured bones, the part was subjected to constant irrigation with cold water. This was steadily continued eight days. No inflammation occurred in the part. On the sixth day, there was a slight discharge of pus. On the ninth day the edges of the wound, which were studded with healthy looking granulations, were brought together by adhesive straps, and the wound soon healed. There was but little pain during the progress of the cure.

Fractures. It is in the treatment of fractures, that we have realized the most happy results from the application of cold water. Every surgeon is familiar with the difficulty experienced in the diagnosis and treatment of fractures from the tumefaction and extreme sensibility, which rapidly follows the injury. In many instances this obstacle to appropriate manipulation is so great, as to thwart the surgeon in the performance of his duty, and especially when such accidents happen to children. In such cases we urge our readers to resort to the application of cold water, and continue it until the exalted sensibility is reduced, this will enable the patient to tolerate the necessary proceedings, and speedily bring the parts in a con-

dition to facilitate the accomplishment of the necessary indication.

Rachel Burt, aged 14 years, was thrown from a wagon in rapid motion in September 1850; a severe fracture of the lower end of the humerus was the result, separating the condyles from the shaft and from one another. I saw the patient in two hours after the accident. The tumefaction of the parts about the elbow was very great, and the pain and sensibility so acute as to render the proper manipulation impossible. An anæsthetic was suggested, but objected to, and preparation was immediately made for the protracted application of cold water. This was steadily poured from a pitcher upon the painful and tumefied parts for nearly two hours, at the expiration of which time the swelling was much reduced, the pain was entirely relieved, and the reduction of the fracture and the application of retentive apparatus was attended with but little pain. After the application of light wooden rectangular splints, the application of the cold water was continued by irrigation, with brief intermissions for six days. This patient recovered without a bad symptom. There was no excessive local inflammatory action, and passive exercise of the articulation being resorted to after the second week, the use of the joint was entirely restored. It seems to us, that the preparatory use of cold water in the treatment of fracture, especially when occurring near the articulations, or in children, is the most valuble adjunct which the surgeon can call to his aid. Two other cases of fracture, one of the Tibia and Fibula, and one of the lower end of the Radius have been treated in a similar manner with equal satisfaction.

Dislocation and Sprain. The observations just made in reference to the use of cold water in fractures, are equally applicable to its employment in dislocations and sprains; in these latter injuries it has had a more extended trial, and all who have employed it acknowledge its extraordinary efficacy. In sprains of the ankle, the distinguished M. Baudens, (See Brit. & For. Med. Chi. Review) has pursued the cold water treatment for twenty years, and always with the happiest results. As the opportunities of this eminent surgeon for testing the comparative efficacy of different plans of treatment have been very extensive, we will be pardoned for transcribing at some length, his views upon the subject, merely adding, that the principles laid down are equally applicable to the treatment of every variety of dislocation and sprain. "The indications," observes M. B., "are, first to prevent or remove inflammation, and then to secure immobility to the distended or lacerated parts, until they have recovered their power, the patient being at the same time allowed the use of the limb. For the purpose of subduing inflammation, numbers of leeches, (cups in

this country) are usually applied, and then an emollient cataplasm; and it is in consequence of such treatment, that degenerated sprains so often augment the number of amputations in hospitals. By free leeching (or cupping) of a joint, the seat of sprain, two mischievous effects are produced. In the first place, the pain which is the first of the series of symptoms of inflammation after sprain, is increased by the leech bites, instead of being mitigated; and in the next, the increased afflux of blood towards the part is encouraged instead of being repelled." After some observations upon leeches,—and the same principles will apply to cups—he remarks, "as to emollient cataplasms they favor in the place of opposing the afflux of fluids to the part, while the long maceration the joint has been thus submitted to, deprives it of its elasticity, gives rise to a pasty engorgement, and predisposes to the formation of white swelling.

M. Baudens does not claim priority in the use of cold water in these cases, but he contrasts his plan of employing it with that of his predecessors as follows: 1. "Cold water has usually been thought desirable only when it could be resorted to very shortly after the accident; but M. B. applies it not only immediately, but also several hours or days after the occurrence, or even in chronic sprain—whenever, in fact, there is a *morbid degree of heat to abstract.* 2. The local bath has never been ordered by others for longer than five or six hours, although some practitioners, since his first publication have ventured to extend it to twenty-four. In certain of his cases, however, immersion has been continued for eight or ten days, and in one example, for fourteen days; while in no case has it been less than for two. 3. *Mode of application.* The vessel containing the water is brought to the bedside of the patient, so that he can conveniently place his leg in it, having the heel resting upon a sponge at the bottom, the leg and thigh being supported by cushions, so that the position may be maintained as many days as required. Spring water is usually employed, and if the inflammation is intense, ice is added. A purgative is given and, if indicated, one or two bleedings are resorted to." As to the effects, it is remarked, that "one of the first of these is the cessation of pain, which sometimes occurs at once, and at others in an hour or two. From the moment the foot is placed in the bath, the swelling becomes stationary, and soon after, with the heat and redness decreases. About the fourth or fifth day the part becomes wrinkled like the hands of a washerwoman, and usually about the third or fourth day, the patient finds the water too cold, and then the limb is removed from it—the period for doing this being regulated by the patient, he being told to keep it in only as long as he derives comfort from so doing." A

little further on M. B. remarks that "gangrene has been said to have resulted from this application, but the author has never met with such a case."

Thus we have the highest authority for the employment of cold water in these painful and dangerous accidents. We will remark, that before we saw the communication of M. Baudens, and before we were aware that the *protracted* use of cold had been inculcated by any one, we employed it in our practice.

J. Thompson, aged 32, of sanguine temperament and in good health, fell from the top of a one-story house, while fixing the roof, in 1848. The principal weight of the body was received on the right foot, which struck upon some irregular body, the foot being slightly everted. The result was dislocation of the ankle and fracture of the lower end of the Fibula. Three hours elapsed before I saw the patient. The parts were immensely swollen, extremely painful and sensitive, so much so as to render manipulation almost impossible. I commenced the application of the cold douche immediately, and continued it without intermission four hours. At the expiration of this time the redness and heat had subsided, the tumefaction was less, the pain and soreness were almost gone, and the skin was cool and corrugated. Without much suffering the displaced parts were now adjusted, Dupuytren's splint and bandage were carefully applied, and, after placing the patient in bed with the limb slightly elevated, irrigation with the apparatus above described, was employed. This was continued for eleven days, with an intermission of two hours on the fifth day, when the patient complained of chilliness and an aching sensation in the foot. This patient had no bad symptom. In eight weeks he walked without a limp. We could detail several cases of sprain in which the same happy results were realized from the application of cold water, but the space allotted to this article is already occupied, and we must give way for other matter. We will here say, that an opposite treatment in this last class of injuries has been recommended by eminent gentlemen in the profession. Dr. Saml. Jackson of Northumberland has employed with success, in cases of sprain, hot instead of cold water, and adduces the experience of twenty years in its favor. This discrepancy at first view, seems irreconcilable, but we may say, without exactly appreciating the rationale of the hot water treatment, and without disparaging the testimony of Dr. Jackson, that the cold water has, in all cases of recent injury, and incipient inflammation, more than realized our highest expectations. We can confidently recommend it to our brethren, and whilst we continue to realize the happy results incident to its former use, it will remain the sheet anchor of our hopes.

ART. II.—*Chloroform in Labor.* By THOS. KERR, M. D., of Elgin, Illinois.

When the applicability of Chloroform as an anæsthetic agent during parturition was demonstrated by Dr. Simpson, many scruples were indulged in, as to the *morality* of its use.

That such miserable pigmy considerations exist among your readers, I sincerely doubt; if any one has objections to offer against its use, on the score of interfering with the laws of Nature and Nature's God, I take no pains to argue such a point; contenting myself with a statement of the well proven fact, that of the boons given to suffering humanity, Chloroform in Labor, is the greatest.

I regard Chloroform,—in its *proper* administration, and in no other light do I view it, in this article,—as an agent requiring *eminently* an indication for its use. This indication is pain, and Chloroform is its antidote.

In labor, a physiological action is productive of intense suffering, which, though universal, nevertheless in no degree assists, but rather retards its progress, and is productive of a shock on the entire economy of considerable magnitude. These facts constitute the indication, warranting the use of any and every suitable means to shield the system from their effects.

When I take charge of a patient in labor, the main objects I have in view, are to facilitate parturition and save strength and suffering. To accomplish these, I give Chloroform. Two indications are present for fulfilment; one continuing unchanged, till the birth is accomplished, that is, to facilitate parturition; the other physical suffering, intermitting in its character, and calling equally for attention and care. Going on the principle, never to use an article in medicine until an indication for its use presents, I do not administer Chloroform till labor is fairly begun. When the uterine pains are all developed, and the patient has realized their acuteness, I give the Chloroform, managing not to carry its influence beyond the power of sensation; the patient realizing an indistinct uneasiness, and answering correctly when spoken to. When the pains cease, the chloroform is withdrawn, and the patient is quite free from its influence between their accessions.

I generally administer the chloroform from a small phial, removing the cork, and directing the patient to inhale by the nostrils, as the bottle is held to the nose. By this means, abundance of atmospheric air passes into the lungs, making the anæsthesia gradual and safe.

Taking my position by the patient, as each pain comes on, I place the phial to the nose, and by her voluntary inhalations secure the in-

fluence desired. When the progress of the labor requires my immediate assistance, I commit the phial to an attendant, who, under my direction, continues its application: As the labor approaches the last stage, I secure the nearest to oblivion, on the part of the patient, possible; so that, as the fœtal head emerges from the os externum, the agonizing pain is but faintly realized. By this means I can obtain the amount of influence desirable, and no more, as frequently as the indication presents.

Chloroform is the *helm* of labor; I have found it so. In no case, has its administration as now described, failed in affording immunity from pain and anguish.

The influence of chloroform is speedily produced, and transient in its character. A few inhalations, produces a "quietus" to the sensation of pain, while the uterine action progresses unimpeded. When labor is over, the mother is able to direct the management of her own charge; she is free from excitement and full of gratitude for her easy travail. No disagreeable stupor remains behind to cloud the satifaction; the brain has not been interfered with to an extent sufficient for that, and the mind is free and cheerful.

Chloroform possesses the power to hasten and increase uterine action. In many cases I have clearly seen its influence productive of acceleration in the pains; and in labors where, from long and ineffectual action, (endured in all their bitterness) the uterus had become fatigued into quietude, the influence of chloroform has aroused to action, giving new courage to the patient, and speedy delivery followed.

But a few hours since, I again saw clear evidence of the ecbolic properties of chloroform. The patient had been a few hours in labor when I arrived. The dilatation of the os uteri—being the first labor—seemed to proceed but slowly, though the pains were frequent and severe. Waiting till I assured myself of the character and reality of the labor, I brought my phial of chloroform to the aid of nature, and had the satisfaction of seeing at once, the progress of dilatation; the severity of it was but slightly realized by the lady, who kept up an animated conversation with me the most of the time, till the rapid expulsive energies of the second stage prevented it. Between the pains, she assured me, that on inhaling the chloroform, she found the pain commencing, and in fact succeded in obtaining longer intervals between the pains, by desisting from the inhalation. Labor progressed admirably; the lady was cheerful and free from suffering, frequently assuring me of her gratitude and satisfaction, that what she had so long dreaded, had been attended with so little pain.

I have frequently used the chloroform, as above described, for

from three to nine hours, and in some cases longer, without seeing any untoward result, or any disagreeable sensations consequent on its employment.

Chloroform is desirable in Labor,

1st. As a safe antidote to pain, easy of administration, rapid in its influence and transient in its effects.

2d. By proper management, it keeps the patient from acute suffering, while labor is facilitated.

3d. Its effects, as thus used, pass off with their indication, leaving no unkindly sting, or unpleasant memorial of its presence.

4th. Under its use, there is an entire absence of shock.

This last, is the result of continued observation in many labors, and under many circumstances: the economy has been deprived of the *necessity* to suffer, and it easily rallies.

I frequently mix equal parts of ether and pure chloroform, which answers better, I think, than the latter alone.

These statements are not theoretical, but the result of observation in practice, and I have made them to aid in softening the pangs of suffering woman; hoping to induce some brother practitioner who is behind in this matter, to come up to the times.

ART. III.—*Medical Topography, Climate and Diseases of Iowa.* Being a Report made to the Iowa Medical and Chirurgical Society. By J. F. Henry, M. D.

Mr. President:

As Chairman of the Committee of our State Medical Society, to whom the above subjects were assigned, I beg leave respectfully to make the following report:

The State of Iowa, extending from the mouth of the Des Moines river in latitude 40° 22' on the south, to latitude 43° 30' in the north, occupies a happy position on the map. It constitutes a belt of about 3° in width, just a little south of the middle belt of the North Temperate Zone; and so far as climatical influence depends on latitude, it may challenge a comparison with any other portion of the United States. The same parallel extended eastward would embrace Middle and Northern Illinois and Southern Wisconsin; Northern Indiana and Southern Michigan; Northern Ohio and Pennsylvania; Southern New York; the Southern New England States, and the Southern portion of Vermont and New Hampshire. These regions are now considered the most salubrious in our country, though many

portions of them, in their early settlement, were desolated by the varied forms of malarious disease. Viewed in another aspect, it also challenges a comparison with the countries enumerated.

At the mouth of the Des Moines, the Mississippi, at low water mark, is only 444 feet above tide water; at Burlington, 486; at Rock Island, 528; at Prairie Du Chien, 652, and the Upper Iowa river, near the northern boundary of the State, about 660. The elevation of the contiguous bluffs ranges from 150 to 250 feet above these levels. Progressing westward, the country gradually rises, until we come to the Cotean des Prairies, between the Des Moines river and the Spirit Lake, where we reach an elevation of 1414 feet. This is unquestionably the highest land in Iowa. The Spirit Lake, one of the principal heads of the Little Sioux of the Missouri, is 1310 feet above tide water. From this the country declines to the southwest until it reaches the Missouri, which, on the average, has a water level, at corresponding parallels, of almost double that of the Mississippi. So far, then, as elevation influences climate, our State has a warmer climate than is found in the States east of Illinois. Another view of this matter seems to possess great interest. Our whole State may be considered an inclined plane, fronting to the southeast, south, and southwest; no one of its water courses running to the north, as is the case with all the States east of Illinois until you reach New York. Thus our Springs are earlier, and our Autumns more prolonged, than under other circumstances they could be.

But there are other elements which must be estimated in solving the great problem we are upon. Our State is a prairie State, some parts having only one-tenth timber, and others one-half. The average would be about one-sixth. Our prairies in the eastern portion of the State, run from southeast to northwest, and may be considered extended belts of prairie land, varying somewhat in figure, but still continuing their course until they are merged in the Cotean des Prairies already referred to, passing which, they run on indefinitely until they abut on the Rocky Mountains. From this statement, it is apparent that the cold atmosphere of the snowy mountains passes over a gently inclined plane, unobstructed by a single tree or a single hill, for the Cotean des Prairies is no obstruction. This, at a glance, shows us why the northwest is one of the most common as well as the coldest of our winds. In this respect it exceeds our directly north winds, which, coming from Hudson's Bay and the Northern Ocean, traverses a country of low elevation. A single puff of this northwest wind is sufficient to reduce the temperature greatly. But it is not so evanescent in its nature; on the contrary, it often continues several days in

succession. When it reaches the Mississippi, a portion of it passes on in the neighboring State of Illinois, while another portion, blending with the north winds already referred to, takes the channel, or valley of the Mississippi river, and thus passes onward to the Gulf of Mexico, constituting the terrible Northers of that distracted water. But according to the old maxim, Nature abhors a vacuum, and after prevailing for several days, the equilibrium must be restored, and then we have this same wind sent back to us loaded with moisture, and being from that circumstance more reducent of animal heat, and actually less bearable than when it came from the northwest; but a few hours continuance produces a rise in the thermometer, and then we have a decided mitigation of the feeling of cold. Our northwest winds are generally dry winds as well as cold. Those from the south are warm and sometimes accompanied with rains; but I have known them to prevail for weeks at a time, in summer and autumn, without the accompaniment. Our northeast winds are generally accompanied, or followed by storms. Blowing over the Lakes to the northeast as they do, they come loaded with cold vapor, and often produce snow storms; after prevailing for a few hours, they change to the northwest or southeast, according to the season of the year.

Thus it would appear, that while our low elevation and southern declension gives us a warmer and more genial climate, than if we faced to the north, or were convulsed into mountain ranges, still these very circumstances render us liable to the sudden changes which result from alternations of winds so excitable as ours. These sudden changes are known and felt by all, and as they are, in great measure, beyond the control of man, the force of this element must not be forgotten when we are summing up the good and bad qualities of our climate.

But these things, vastly important as they are, would not of themselves enable us to develope the causes of our diseases. There are other elements which must not be forgotten. Among them are the nature of the surface and the character of our soils. Our whole State may be considered under three heads, which are sufficiently comprehensive to embrace every part. For the sake of order, let us first consider the bottom lands. It is needless to specify these minutely. They have one invariable character from the Balize to the Falls of St. Anthony, and to the base of the Rocky Mountains, on the Missouri; nor is the character different on our smaller streams, except in degree. They are exceedingly fertile; they are very damp from river influences, even when not subject to overflow; but most of them are annually submerged, and then there are ponds, sloughs, &c. which,

as reservoirs, add to the prevalent moisture. As a consequence, they are exceedingly destructive to health and human life. The inhabitants, no matter from what region they come, soon become subjects of some form of what, for want of a more comprehensive and precise term, is called bilious disease, and unless they fly from their homes, they are again and again attacked, until the constitution is broken down, and some organic disease supervening, they sooner or later sink into the grave the victims of malaria. But this may be protracted for many years, the patient becoming listless, sluggish, good-for-nothing, and carrying with him visceral enlargements of great size. In one case, that of a thin tall female, I found an enlarged spleen reaching from beneath the ribs to the pubes—a distance in her case of more than twelve inches. These dwellers on the bottoms must be a short-lived race, nor are they a prosperous one; owing to repeated sicknesses they tend their crops badly, and thus from year to year they fall behind their neighbors on the uplands. They live in cabins daubed with mud, with wooden chimneys, and no glass in their windows. They lack energy to burn lime-kilns, although the rock and fuel may be quite accessible in some neighboring bluff. It makes but little difference whether the bottom is prairie or timberland. The essential elements and the results are similar in either case. Let no immigrant settle on bottom land. It is an interesting question how far the influence of the bottom lands extends. I am sorry I have no means of definitively determining a question of this sort. The general impression is, that the Mississippi is no barrier to their pestilential influence, and that a prevalent wind may waft the miasma to the inhabitants on the opposite bank. It would be hard to convince the old inhabitants of Burlington, that the bottom opposite to us, was not the focus of many of our diseases. How far on the hills the same influence may extend must depend on contiguous timber, or prevalent winds. The estimate of Dr. Horr, is, I think, 600 feet; but this must be modified by the circumstances above mentioned.

2d. The timberlands are generally intermediate between the bottom lands or water courses, and the prairie lands; they are generally broken, rough lands, with deep clay foundations; in point of productiveness, they are commonly inferior to the prairie lands. They are almost uniformly well drained. So far as health is concerned, the concurrent testimony of my correspondents is, that they are more salubrious than either prairie or bottom lands. The diseases may be the same, but there are fewer cases, and they are more manageable; such is my own observation.

3d. The prairie lands are the highest lands in their respective neigh-

borhoods. They are indeed the table lands of the country. In them originate all the water courses, and they are generally dry, or susceptible of drainage. Indeed, Dr. Sales thinks there is not, in Jones county, wet land enough for meadows. The same would seem to be true of Cedar and Dubuque counties. They are by universal consent admitted to be as healthful as any new country ever was. An extensive and simultaneous breaking up of prairie, rarely fails to generate bilious disease; but in a year or two all decaying roots, &c. having commingled with the earth, all is right again.

A prairie farm is a delightful one. The pure, enlarged atmosphere braces the form, and makes us luxuriate in the enjoyments of health. And the farmer is prosperous; he builds good houses, good barns, plants orchards, and if any winds, for instance a northwester, is particular troublesome, he plants a grove of young forest trees, and they lift the wind from the earth, and it passes harmless over his head. The influence of artificial groves in thus protecting houses and stock and farms from destructive winds, deserves a more extensive consideration than I have space to bestow on it. Its bearing on health is very direct, and so far as I know, it is the only means by which man can control the angry element in which he lives. There seems to be a large scope of country north of the Iowa river, commencing with the counties bordering on the Cedar river, and extending to above Dubuque, and probably to the north boundary of the State, in which there are fine mill streams, with rocky bottoms and banks, with but little bottom lands and no swamps. The mill dams flood no lands and create no disease. I am indebted to Drs. Sales and Witter for interesting descriptions and statements in reference to this section of country.

The county of Van Buren may be considered a type of the Des Moines Valley, and, with the exception of the river itself, it would seem to be free from any permanent causes of disease. I am compelled to rely on the statement of Nicollet as to the river itself, to-wit: that it flows constantly in a deep valley, until near its mouth, where it spreads over low grounds, that it has a uniform rocky bottom, and that its current is almost as rapid as that of the Missouri. This would indicate a health producing stream. But Dr. Flint informs me that there is a long moss, which at low water becomes very abundant, and getting dislodged by floods, or other accidents, is drifted to the head of Islands, or on to mill dams, and there undergoing decomposition, is considered a very abundant source of autumnal fevers. What effect the State Improvements may have on the health of this country must depend on the amount of submerged lands, and the accumulation of this long moss already referred to.

The whole eastern and southern portion of the State, with few exceptions, abounds with limestone suitable for building purposes. The prevalence of lime is generally considered conducive to health.

The valley of the Des Moines, that of Skunk, and many other streams, abound in stone coal. The influence of beds of bituminous coal are not known to me to be prejudicial to health anywhere.

The county of Dubuque abounds in lead mines; but the working of them, as at present conducted, cannot be very injurious. Since Dr. Horr in his communication does not even allude to the subject. Doubtless, however, cases of colica pictonum occasionally occur.

Our principal river towns may form a distinct class, and deserve a separate consideration. Their first settlement was followed by seasons of sickness, often to all the inhabitants, sometimes none escaping. This was owing to the usual prevalence of malaria from stagnant water, and drainage aggravated by badly built houses and by poor living. So far as I am informed, our river towns are uniformly and rapidly improving in their healthful condition. The better drainage resulting from the grading of our streets and the more thorough attention to cleanliness, as well as the improved condition of our dwellings, and consequently of our mode of living, fully accounts for this improvement. The remark of Dr. Horr, that the sanitory line is approaching the river at Dubuque at the rate of about fifty feet per annum, applies with greater or less force to all our towns.

Dr. Drake's interesting and philosophical work on the diseases of the Mississippi valley, shows, by a very extensive array of statistics, that most of the elements of disease may abound, and localities remain comparatively healthful, because of the absence of a single one. Thus our bottom lands, if transported to the latitude of New Orleans, would unquestionably generate yellow fever, and other malignant forms of disease, whilst, for want of a tropical sun, they with us produce mild intermitting or remitting fevers.

The only remaining element of disease deserving consideration at this time, is the hygrometric condition of the atmosphere, and the consequent amount of rain which falls. On this subject I have no records to consult, and therefore I must be very brief. The value of rain as a health producing or disease engendering agent, must depend on its amount, or on the time of the year at which it falls. When the country is deluged at the commencement of the warm season, it must be more injurious than if it fell in mid-winter. As a general rule, that season is the most healthful in which the ordinary quantity falls, rather than that in which there is either an excess or deficiency. As trees are considered valuable in condensing or in affording those

vapors which, rising into the higher regions of the atmosphere, are condensed and fall down in showers, I should suppose the neighborhood of our water courses, abounding in forests, would be more regularly supplied by rains than our prairies; but I am not prepared to say that this is so.

The *diseases* of Iowa embrace a very extensive list. Wherever man is found, the maladies to which he is liable will also exhibit themselves. But a more limited range is undoubtedly contemplated by the resolution under which this report is made. No one, for instance, would rank apoplexy or gout among the diseases of Iowa, because cases of each might occur within the limits of the State. The object is to ascertain what diseases our topography and climate produce.

For the sake of order I will enumerate our diseases as they occur in the successive seasons of the year, commencing with the spring. This is the season of sudden changes of temperature, and we have consequently catarrhal affections, some of the milder and occasionally some of the severer forms of pulmonary disease, such as bronchitis, pneumonia and pleuritis; we have, also, inflammatory rheumatism of an exceedingly aggravated character. This too is the season at which we have the greater amount of exanthematous diseases, such as scarlatina, rubeola, erysipelas, &c. though from these diseases being supposed to depend more on a specific contagion or an epidemic constitution of the air, than on any local causes, I have hesitated to embrace them among our diseases. They are evidently, however, under climatical influences, and therefore modified by situation. This is also the season of mild intermittents, though these most generally show themselves as relapses. We have also many irregular forms of periodical disease, consisting principally of painful nervous affections of the head and face. As a matter of course, many of our uncured winter diseases run into this season, and are greatly aggravated by the sudden changes of temperature.

In the month of June we have more or less of cholera infantum, often the accompaniment of remittent fever. Attacks of diarrhœa in adults, with the same accompaniment are not uncommon; and as summer advances, especially if the season be dry, the various forms of bilious disease are displayed in greater abundance. At this season also our principal manifestations of cholera have been made. As this disease wears somewhat the appearance of an exotic, not yet having been acclimated, I hesitated to include it among the diseases of Iowa. But I could not with propriety omit all notice of it, and as it may often re-appear, the sooner our Physicians become familiar

with its progress the better. In my judgment, it depends on a mixed origin, a something from abroad, which may be a *sine qua non*, and a local cause sufficient to develope it. The circumstances which constitute this local cause are very well known; they are heat, moisture and filth, within and without the crowded habitations in which, as a general rule, the disease is most prevalent and most destructive. When really epidemic, the whole population of a city is immersed in this local cause.

As autumn advances, the peculiar diseases of this season manifest themselves. These consist of intermitting fevers of every grade, from the mildest to the most malignant form, constituting the congestive chill, so much dreaded by doctor and patient. Intermitting fever is especially the disease of new settlements, as well as of our bottom lands; as a general thing it is mild and manageable, though liable to return unless the patient is removed from the malarious district in which it originates. This is essentially an autumnal disease, although an occasional vernal attack may be looked for among recent settlers. It has been observed repeatedly that those new comers who are badly provided with the necessaries and comforts of life are almost sure of an attack, while those in greater comfort in the same neighborhood escape. Conjointly with these intermitting forms of fever we often find, in the same families, some who are laboring under remitting forms of fever, a more severe malady, though if thoroughly cured, more easily and speedily removed. these forms of fever are generally destitute of danger, though occasionally they assume the pernicious or congestive form, and are thus full of peril. The intensity of our febrile attacks, compared with similar attacks elsewhere, was made the subject of special inquiry of all the physicians to whom I wrote. The testimony from the northern portion of the State has been uniform, that they are milder and more manageable; and in this opinion I entirely concur, whilst Drs. Ford of Keokuk, and Flint of Van Buren, represent them as more severe. As I rely on the judgment of both sets of Doctors, I presume the Des Moines Valley is afflicted with severer forms of autumnal fevers than those observed north of Iowa river.

Among our autumnal diseases, although they occur a month or two earlier, must not be omitted dysentery and diarrhœa; nor should it be overlooked that ill-cured intermittents and occasionally remittents, greatly neglected, are merged into visceral enlargements which occasionally terminate in hydropic effusions in both sexes, and also in amenorrhœa in the female. Gastritis and enteritis are sporadic forms of disease which may occur at any season, but are thought to be more

common at this season than at any other. Hepatitis is thought to be very rare. I may mention one peculiarity of erysipelas as it lately prevailed to some extent in this city, viz: the exemption of women in childbed from puerperal peritonitis, which in the epidemics seen by Gordon and Hay, and in a former one seen by myself, was so exceedingly fatal.

As cold weather advances, in addition to these maladies, and sometimes conjoined with them, we have catarrhal affections, pleuritis, pneumonia, bronchitis, &c.; many of these forms are manifestly complicated with bilious symptoms, showing that the malarious influence had not ceased to act. This is also the opinion of Dr. Flint, whilst Dr. Horr thinks that those who have actually suffered an attack of autumnal fever, are, to some extent, exempt from the winter disease. Except in those whose health has been greatly impaired, these pulmonary attacks are inflammatory in their character; a neglected case, or one supervening on a broken down constitution may assume the character of pneumonia typhoides. As might be expected from our climate, tuberculous formations are not uncommon, though from the habits of our people living much in the open air, taking a large amount of exercise, the developments are more rare than in denser populations. I ascribe to these causes, and not to the prevalenoe of miasmatic diseases, our greater exemption from this desolating form of disease. Conjunctivitis as well granular as mild, is very common. This is the result of strong winds impinging on the conjunctiva, freighted with dust and sand, and other impurities. This disease is, I think, most common in summer and autumn.

Before I conclude I feel called upon to allude to a remarkable series of local affections. In Dr. Horr's interesting communication he alludes to the greater prevalence of felons or whitloes, than in Ohio, where he formerly practiced. How this, a local disease, can be more prevalent in one country than another, I am at a loss to conjecture, but certainly in the practice of my own office, I have never seen as many cases as in the last six or eight months, and I would mention as occurring at the same time, an unusual amount of phlegmonous tumours and carbuncles. I have seen a gentleman from Indiana or Ohio, who tells me that the same thing has been observed there durthe past winter. Can this be a local affection marking the advance of some epidemic influence? The subject is worthy of notice and remark.

I have thus, Mr. President, discharged my duty in a very imperfect manner, as none can feel more sensibly than myself. I have been confined for almost six weeks with inflammatory rheumatism,

from which my hands are yet greatly swollen, so much so, that I have been compelled to avail myself of the kind aid of my friend Dr. Matthews to copy this communication, my own hand being almost illegible. I was not well enough to commence preparing my report until nearly dark on Saturday evening, and every word I have written has been with pain. Some subjects, as for instance, the hygrometric condition of the atmosphere, I entirely forgot in my great suffering, until it was too late to do more than allude to it. I may mention also, that I sent circulars to some fifteen or twenty of the most distinguished physicians in the State, but have received only five communications, which have already been honorably noticed. The paucity of communications which I have received, while it shows less interest than I expected among our medical men, will account for large sections of our State being entirely unnoticed.

I hope our Society will accept this report as the best evidence under all the circumstances, that I could possibly give of my devotion to the great objects of medical improvement.

ART. IV.—*Abortive Treatment of small Pox with Collodion.* By J. F. Sanford, M. D.

James Holsey, laboring under the ordinary symptoms which usher in an attack of remittent fever, called upon me about the 20th of April last, to prescribe for him.

Two weeks previous to the first symptoms of indisposition, he had watched with a gentleman upon whom the variolus eruption was just making its appearance, and the pain in the back, gastric distress and cephalalgia were of such a character as to justify us in the opinion, that he was passing through the incubative stage of small pox. This opinion we expressed to him, but he did not coincide in it. He had been vaccinated in early infancy, and had been several times exposed to the contagion without suffering from it, and entertained the opinion that he was fully protected.

On the fourth day from the chill which immediately ushered in the febrile symptoms, the fever, pain in the back and head subsided, and during the afternoon he walked freely about his room, complaining of no feeling of discomfort. On the morning of the fifth day, he went into the store, resumed business, calling at my office on the way to remind me of my error in diagnosis; he remained on his feet during the day, and felt well, late in the afternoon; shortly after dark, he sent for me on account of a very copious crop of little pimples like flea

bites, which had made their appearance on his face; otherwise he felt very well. As these pimples had all the characters of the variolus papulæ, I advised him to go to the Hospital. I saw him there the next day at 10 o'clock, A. M., and had my suspicions confirmed.

These remarks do not seem exactly pertinent to the subject of this article as implied in the caption, but as the duration of the initiatory fever of small pox has been a fruitful source of discussion among authors, we presumed an allusion to this variation in its usual course, would not be uninteresting. Prior to the time of Sydenham, it was believed, that the duration of the initiatory fever had much to do with the subsequent course of the disease; but at present, medical gentlemen coincide in the opinion, that the period of this fever is remarkably uniform, and that in a vast majority of cases the eruption shows itself at the end of forty-eight hours from the occurrence of rigor and head ache, whether the subsequent disease be mild or malignant, confluent or distinct. Between the occurrence of a severe rigor attended with backache and cephalalgia, and the appearance of the eruption in this case, there elapsed nearly five days; a departure from the usual course, which may, perhaps, be explained upon the presumption that an intercurrent malarious fever held in abeyance the development of the variolus eruption.

We will now recur to the progress of the eruption. On the third day, the papulæ were converted in vesicles, about two hundred of which seemed to occupy the face, in some places being distinct, and in others occurring in coherent patches.

On the fourth day, the formation of the areola, reddening the interpustular spaces, and the occurrence of considerable swelling, exciting much fear in the mind of my patient that pitting and deformity would occur upon the face, I advised the use of collodion to prevent this disagreeable accident, as first proposed by Dr. Ranking, (See London Lancet, Jan. 1849). To this my patient readily assented, and I proceeded to apply a thorough coating to every part of the face, by means of a camel's hair pencil. The immediate effect of this application, was a most decided contraction of every part of the facial surface; in fact, it seemed to me, that in a few minutes the face was greatly diminished in size, and that the vesicles had retrograded to the condition of papulæ. When examined through a glass the walls of the vesicle seemed corrugated and shrunken, and the central depression appeared in many to be obliterated. The crimson areola was changed to a dark hue, the integuments of the face, being every where furrowed or drawn into folds; so great was the contraction that the patient was unable to open the mouth sufficient to protrude the tongue.

He complained of no disagreeable sensation from this condition of things.

From this time forward, through the whole course of the discase, there was no trouble with the face. The pustules went through the regular process of advance, culmination and decline on other parts of the body, but upon the face their progress was arrested. There was no further development after the application of the collodion. A genaral re-application was not necessary. Occasionally a patch would scale off and this would be immediately replaced. The patient had a good recovery, and no one would now suppose from a close inspection of the face, that he had ever suffered from the small pox.

The usual treatment was resorted to, both at the commencement and throughout the attack.

ART. V.—*Notes of Practice.* Selected and re-written by the Editor.

Collodion in Tinea Capitis. A letter from George Warne, M. D. of Fort Atkinson, Wis., informs us that he has recently used collodion in the treatment of tinea capitis, with the most satisfactory results. The usual treatment had failed in a large number of cases which had come under his notice, both in his own practicc and that of other medical gentleman, and he was induced, from this fact, to look around for something that would meet the existing indications. It occurred to him that collodion would do this, and he at once resorted to its use. He has applied it in a large number of cases and always with success. The hair is to be trimmed as closely as possible, the scalp cleaned with a soft sponge and tepid water, and gently dried with a soft napkin. The collodion is then painted over every part where the eruption exists: this is to remain on until it comes off spontaneously, "when," as the Dr. declares, "you will have the pleasure of seeing a a good healthy surface." If the first application does not effect a thorough cure, the second will."

Mr. Wilson has derived great advantage from the application of collodion in chronic erythema of the face, chapped nipples, chapped hands, herpes labialis, preputialis and zoster, lichen, lupus exedens and non exedens and acne vulgaris, but we feel indebted to Dr. Warne or suggesting its use in *Tinea Capitis*, which is so common, and often so intractable a disease of the skin.

Prolonged use of Chloroform. Dr. Warner, likewis, gives an interesting account of a severe form of nervous disease and spasm, which, after resisting every usual means resorted to in such cases,

yielded to the prolonged use of chloroform. The disease occurred in a lady about 30 years of age, who had suffered fourteen or fifteen years from spinal irritation. The attack commenced with a severe pain in the lower lumbar region, which extended into the right leg, and caused violent cramps. From this, the disease appeared to affect the whole nervous system, and contraction of the muscles, of a tonic character, every where occurred; the muscles of the back were especially affected, and a persistent opisthotonos resulted. These contractions would continue from 18 to 24 hours, alternations of contraction between different parts, sometimes occurring with such force as to require the aid of two men to confine her to the bed, the patient's expressions, when rational, indicating the most excrutiating anguish. After other means had failed, the Doctor resorted to the chloroform. The inhalations speedily relieved the pain and spasm, but as soon as it was discontinued, they would return; it was therefore decided to maintain the impression, and she was kept under the anæsthetic influence *four days*, and inhaled altogether *three* pounds of chloroform. At the end of the time mentioned it was found that the tendency to spasm was not so great, and she was gradually relieved from insensibility. "In a week she was up around the house, but I cannot resist the impression, that if it had not been for the chloroform, the nervous system must have given way, and the case have terminated fatally."

Bilious Colic. Dr. Thweatt, (Stethesccpe & Virginia Med. Gaz.) relies principally, in this painful and dangerous disease, upon a vigorous use of the lancet, succeeded by a full dose of calomel and opium. He does not hesitate to affirm, that no disease demands the lancet more than this, and that there is none in which its use is followed with more gratifying results. To reap the full benefits of this remedy, it must be used to the extent of making a decided impression upon the constitution. He gives 10 to 15 grs. of calomel to 1 or 2 of opium after the bleeding, followed in four or five hours by a dose of oil or some other laxative. He reprobates the use of calomel and opium previous to depletion.

New Method of relieving retention of Urine without the use of the Catheter.—Cazenave has recently recommended the use of cold water to relieve this obstinate difficulty. He first directs the large intestines to be cleared out by an enema. When this passes away, a second is administered, consisting of a quart of cold water. Cloths are then dipped in cold water, or bladders of ice and water, are applied to the perineum, anus, thighs and hypogastrium. This will often produce a flow of the urine. If not, the patient is placed on the edge of the bed, and a stream of cold water is poured on

the region of the bladder, from twenty to twenty-five minutes. After this time has elapsed, another enema of cold water is thrown up, and smooth pieces of ice introduced into the rectum, the external application being at the same time continued. This treatment is applicable to cases, in which the retention proceeds from inflammation or spasm.

Cimicifuga in Phthisis.–Dr. Thos. J. Garden, of Wylliesburg, Va. (Stethoscope) relates two cases illustrative of the value of the cohosh in pulmonary consumption. The symptoms as detailed by Dr. G. seemed to indicate confirmed disease of the lung, and the full use of a strong decoction of the cimicifuga in conjunction with iodine and counter irritation, faithfully persevered in, was productive of the most satisfactory results. He prefers the decoction to the tincture, and directs as much of it as the stomach will bear without vomiting.

ART. VI.—*Selected Prescriptions.*

In Debility and Exhaustion of long standing:—

℞. Ferri iodidi gr. ij; Decoct. Sarzæ. co. ʒij; Syrupi aurantii ʒi; Tinct. valerianæ ʒij; Inf. gent. co. ℥j. Ter die.

Cooling drink in Simple Fever:—

℞. Potassæ carbonatis ʒij; Succi. citr. rec. expressi q. s. ad perfect. saturat.; Aquæ distillatæ ℥iij; Syrupi rubi idæi ℥j. M. Two tablespoonfuls every two hours.

Cooling purgative in Inflammatory Fever:—

℞. Fruct. tamarindorum, Mannæ elect. *aa* ℥ss; Sodæ sulphatis ʒj. Coque cum aquæ fontanæ ℥xij.–viij. Colat. adde Syrupi rubi idæi ℥j. M. Two tablespoonfuls every two hours, until it produces effect.

In Nervous Fever:—

℞. Radicis valerianæ contusæ ℥ss; Radicis angelicæ, Flores arnicæ *aa* ʒij. Digere cum Aqua fervida per hor. dimid. in vase clauso. Colat. ℥viij. adde Liquoris ammonii anisat., Spiriti ætheris sulph. *aa* ʒj; Syrupi communis ℥ss. M. Two tablespoonfuls every 2 hours.

In low stages of Nervous Fever:—

℞. Olei cinnamoni gtt. x; Essen. ambræ s. moschi ʒss. Balsami vitæ Hofm. ʒj; Etheris sulphurici ʒiss; Laudan. liquidi Sydenhami ʒ⅓. Thirty drops to be taken every two or three hours.

In Spasmodic Hæmoptysis:—

℞. Acidi tartari. gr. xx; Extracti hyosciami gr. viij; æquæ fontanæ ℥iv; Syrupi althæ ℥iss. M. A tablespoonful every half hour.

In morning vomiting of drunkards:—

℞. Magnesiæ carbonatis, Potassæ sulphatis, Radicis rhei, Pulveris aromatici *aa* pp. M. A teaspoonful three or four times a day.—*Northern Lancet.*

Editorial and Miscellany.

LETTER FROM PROFESSOR HUDSON.

We publish below the portion of a letter, from our very worthy and much esteemed colleague, relating to medical matters in the republic of Mexico. The first part is occupied with some remarks upon the miserable government of that country, and a relation of instances illustratingthe p erfidy of the people, and the danger to foreigners in the prosecution of any enterprise, public or private. In connection with this subject he remarks, that "the good estimation and kind feeling which officers and physicians in the army alleged to exist between the Mexicans and Americans, is altogether erroneous. Those men either told not the truth, or knew not what they said. There is an enmity, a jealousy towards us, which with the treacherous instability of the government, renders it unsafe or even hazardous for an American to prosecute any enterprise amongst them."

Prof. H. visited Mexico for the purpose of adding to his already extensive collections in natural science; but after penetrating that country a short distance, and finding it impossible to secure any co-operation or aid in his enterprise, and being discouraged by the American Consul at Vera Cruz, he resolved to return to the United States. The following extract from his letter may interest our medical readers

"From Dr. Hegewisch, who had resided in Vera Cruz for three years, I obtained a few facts concerning the medical profession and institutions of the Republic. I regret that circumstances have so conspired as to prevent my visiting these institutions. Dr. Hegewisch is a German, who came to Oaxaca many years ago as physician to an English mining company. He is a fine looking man, with an open frank countenance; and is very much of a gentleman. He stands high in his profession. Himself with two medical brethren, were the founders of the Medical college at the City of Mexico, which went into existence in 1838 under the patronage of the State. The Departments were, and still are, divided up into eight or ten in number. The salary of each professor was stipulated at $1200 a year, and students were educated free of charge. Their annual number of students averaged from forty to sixty. In 1840, when the French were expelled from the country, the Professors were, without cause or provocation, summarily ejected from their places, and the chairs refilled by Mexican Teachers; leaving the honorable founders, their unpaid and well earned salaries unprovided for. This characteristic perfidy was not surprising, though it was unlooked for.

There is a University with a Medical Department of respectability in Guadalaxara, a Medical College at Pueblo, one at Morelia, one at Oaxaca, making five in all. The three latter are institutions of no merit or respectability. They maintain only three or four chairs in each. Dr. Hegewisch occupied the chair of Surgery in the school at

the City of Mexico, and lectured four times a week. During this time, himself and associates conducted and published a Medical Journal; but it is now abandoned, and there is none in existence in the whole Republic.

The Faculty embraced the physiological doctrine of the humoral pathologists of the French school; and no disease illustrates so forcibly to the mind of Dr. H. this interesting doctrine of (Broussais?), as that protean malady of this latitude, the *Vomito.* The disease is now prevailing in Vera Cruz, but at present more mild than fatal. The rapid change the blood undergoes during its invasion and progress, is strikingly palpable, although the sequences are by no means so uniform as this change, nor so uniform as the mode of attack. Violent pain in the head is a never failing symptom, and appears at the onset, often located over one or both eyes, and reaching deep behind the orbit. Injected eyes, and icteroded conjunctiva are constant symptoms. Pain along the spine, heaviness and aching pains throughout the limbs, sometimes yawning, and sometimes a chill. Tongue soon coated with a white clammy coat, followed by a perturbed stomach, and then vomiting. The extensive and dreadful change in the blood is now most markedly seen. It becomes fluid. The serum is increased in quantity, and the fibrin diminished. Its plasticity seems suddenly gone. A general hæmorrhagic tendency and extravasations do not always accompany the malady; but the strength of the perverse action centres about the liver, blocks up the natural outlets of this gland, without arresting its secreting function, when the overflow of bile into the surface tissues, marks as plain an icteroded condition, as when sanguineous extravasations predominate. The first day, the pulse is upwards of 100, and the febrile stage is most active. Towards the termination of the case, the pulse sinks to 40 beats the minute, the patient becomes quiet and easy, and feels confident of recovery. But this respite or apparent amendment is often delusive, the pulse soon fails in the fatal cases and becomes imperceptible, the patient grows weaker, the vital forces flag and life passes away as silently as a burning wick is extinguished for lack of oil.

The unfamiliarized physician stands amazed at the novelty of this mode of death, and confounded at the subtlety of those causes which produced it. His inquiring thoughts in vain ask, from whence came the force of that fatal influence whose power his skill could not avert, and whose march leaves behind so few tangible evidences of its nature.

The vomito, like the yellow fever, does not attack the natives of Vera Cruz, but those who come only a few leagues from the interior are frequently seized with it, yet it it is not confined to the locality, nor to the summer and rainy season of the year; but often prevails with great mortality, in the interior of the country, along the coast, and during the spring, fall and winter months. According to the observations of Prof. Hegewisch, it follows the emigration of foreigners, and is more especially obnoxious to them when living in societies or companies, than when the stranger is by himself.

The identity of this disease with yellow fever is so close as to render a distinction between them useless, and the task when completed,

a meaningless piece of refinement. Dr. Hegewisch confesses his inability to point out a difference worth the name of distinction. The symptoms and mode of invasion are almost precisely the same; each receives the same treatment. I am not familiar, from observation, with the pathological lesions observed in either case.

General and local abstraction of blood; oil, blisters, sinipisms, and sudorifics, constitute the chief means of treatment. Some cases last but a few hours, others continue several days.

The Mexicans offer as little encouragement to foreign practitioners of medicine as any other calling. They are not admitted to examination until they have resided in the Republic twelve months, and then paying upwards of one hundred dollars for the license. During the last Congress, a law was agitated which compelled foreigners to reside two years in the country before they could be admitted to examination."

"Tariff on Medical Learning."

Under this erroneous caption, our friend of the Medical News and Library of Philadelphia, refers to an article in our February number, announcing the enactment of a law by the Iowa Legislature, establishing the college of Physicians and Surgeons of this city, as a Department of the State University, and giving its Diploma the effect of a license to practice Physic and Surgery within this State. Previous to quoting our article relating to the distinction thus conferred upon our graduates, it is remarked, "and what is more surprising, the editor expresses approbation of this proceeding."

There seems to be a misapprehension with our very worthy friend of the Medical News, in regard to the import of the law to which we briefly alluded. We did not intend to convey the impression that the "Legislature of Iowa had laid a tariff on medical knowledge." It was our intention to convey the idea that onr General Assembly had done, what the State of New York, and several of the Southern States have long since done, to encourage the cultivation of medical science within their own limits. To give the Diploma of any institution a proper value, it must emanate from properly constitued authority, and to exempt its holder from numerous annoyances which State Societies, badly organized and administered may inflict, an independent legal existence and recognition is useful and right. Medical men are likewise often thrown into a position of responsibility in the medico-legal investigations incident to the administration of justice, and their legal connection with the medical jurisprudence of a State, is in no respect a legitimate source of complaint or censure. But if, in other States, it has been thought right to give the Diploma of medical

institutions established and endowed by the State, the effect of a license, it is done with a much stronger reason in Iowa. All corporate bodies derive their powers from a general law. There is no safeguard against the assumption of unjust power, by any association of men, except that which the constitution of the State interposes, and that contemplates a remedy to a small proportion of the abuses which these voluntary associations may practice. For example, any number of physicians could associate themselves together under the general law as a State Society, and exercise the right to decide upon the qualifications of every gentleman who practices medicine in this State. It was to shield our graduates against such proceedings as these, that we sought the enactment of the law in question, and against this and kindred abuses the law provides, and nothing more. It does not prohibit other gentleman from practising physic and surgery in Iowa, and to exhibit the feelings of the Faculty of our Institution in regard to it, we will reprint a portion of the editorial remarks, which seems to have excited our friend's surprise.

"We do not wish to convey the idea, that the Faculty base their hopes of perpetuity and usefulness, exclusively upon this ground. They are not ignorant of other essential requsites to success, amongst the various members of the Faculty, an accurate acquaintance with the scientific merits of other Institutions in the United States exists, and holding these strictly in view, they earnestly court a comparison, as to fullness of the Courses, the necessary means of demonstration, and their devotion in all respects, as exhibited in their acts, to the welfare and interests of the profession.

We hope this explanation will be satisfactory to our friend of the Medical News, whose heart is always in the right place, and whose devotion to the true interests of medicine no one can doubt.

We wish we could speak in the same spirit of a petulant allusion to the same thing, which we find in the last number of the North Western Medical Journal. But the discourtesy and ill humor of that allusion is so obvious that we cannot do it. We may, however, refer the writer of the note in question, to the efforts made by a Medical College in Chicago, to circulate the intelligence that the Diplomas of the "Rock Island Medical School" were worthless, on account of the absence of any adequate law establishing the Institution, or authorizing the issue of a Diploma. Our angry friend will probably coincide with us in the opinion, that in view of this fact, those "*immunities*" may be made *to pay*. They will at least save our neighbors some trouble.

Books and Publications Received.

Lecturees on the Eruptive Fevers, As now in the course of delivery at St. Thomas' Hospital, in London. By George Gregory, M. D., Fellow of the Royal College of Physicians, &c. &c. New York, 1851. pp. 375. From S. S. & William Wood, Publishers.

This is the first American edition of Dr. Gregory's learned and excellent lectures upon Eruptive Fevers, enriched with notes and a copious appendix, by Dr. Buckley, of New York. Dr. Gregory was already known to the profession as a zealous investigator of the pathology of eruptive diseases, having contributed some excellent articles upon this subject, to the Cyclopedia of Practical Medicine. There is, perhaps, no class of diseases that has received more thorough attention than the febrile exanthemata, yet to appreciate this fact, we must recur to the literature of our profession as it existed forty or fifty years ago. Owing to circumstances which are scarcely explicable, except in regard to the disease which stands at the head of this interesting class, this really recondite branch of pathology has remained comparatively unexplored by modern investigators. It is true, that the older physicians have given us a vast fund of speculation upon this and kindred subjects, and, in looking over the more recent medical publications of this and other countries, we meet with an occasional chapter or article upon one of the four greater exanthemata, and these contributions often constitute convenient and valuable sources of reference to the practical physician. But the man of real knowledge of the present day, whose attainments in literature and science are due to the almost unlimited facilities, which in every department of knowledge seems adapted to accelerate his progress, is not satisfied with these necessarily imperfect productions. If, in the progress of his investigation into the history and nature of disease, as portrayed by the early writers, his vanity should occasionally suffer a wound in discovering, that what he had supposed to be new and peculiar to his day, had long been known and acted upon; on the other hand, his pride is excited by the contrast between the accidental foundation upon which medical science stood in former times, and the broad immutable basis of truth which it occupies now. This observation will point to the distinction between the voluminous tomes which were written upon the history, pathology and treatment of variolœ, when that disease annually decimated the civilized world, and its consideration in such works as the volume before us; which, made up of practical truths, elaborated from the storehouse of certain science by one of the most enlightened minds of the present day, and glowing in the llght of modern inductive pathology, supplies a neces-

sary link in that *quoddam commune vinculum* which has increased indefinitely in our time, and which in its ample compass, combines, encloses and unites, the various parts of our science in an almost boundless field

There is one feature in the modern plan of study and research which has greatly contributed to development the resources of our science; that is, the division of labor which has been made with those who are engaged in the great work of medical progress. Hippocrates, Galen, Celsus and their successors for a thousand years, cultivated with equal assiduity every department of medical science; there is scarcely a question pertaining to any branch cultivated in their day, concerning which they may not be referred to. But the discoveries and improvements which have crowned the labors of modern physicians, have so extended and multiplied the subjects of study, as to preclude the possibility of obtaining an accurate acquaintance with every department of the healing art. Thus, if we contemplate the great men in our profession, now living, or those who have lately passed from the stage of action, we will find, that, in a great majority of instances, their fame has been achieved by the cultivation of specialities, in the midst of opportunities which has left no question relating to their investigations, without the fullest and most ample demonstration. In this way has Dr. Gregory been able to present this admirable work to his brethren, the result of observation as extended as any living man has enjoyed.

For this reason we think, that the volume before us upon Eruptive Fevers, presents peculiar claims upon our attention; it is not only an able and concise exposition of the present condition of our knowledge regarding the pathology and treatment of eruptive fevers, but to a certian extent, an original view of their history, and other important particulars connected with the subject upon which it treats.

Of Dr. Gregory's style, and manner of imparting instruction, we have not space to speak. The only adequate mode of illustrating these points, would be by introducing quotations from the text, which, we regret, the limits of our Journal will not enable us to do,—at least of sufficient extent to do justice to the author; but we can say, after carefully reading the work, that nothing has fallen in our way, that has been more interesting or useful to us than this work. There is no attempt at a display of learning, or unnecessary technicality, and the easy familiar style of lectures in which the work is published, renders it doubly pleasing and useful.

Dr. Bulkley has greatly enhanced the value of this work by a very copious historical and statistical appendix, and a number of elegantly colored plates. For this addition he merits the thanks of the pro-

fession, but he has, unfortunately as we think, fallen into the error of encumbering the body of the page with a number of unnecessary notes. In some cases there is nothing new added to the text, and in others the same thing that gives occasion to a note of half a page, is found in the appendix. This latter addition to a work, by the editor, we like, marginal notes we can tolerate, but breaking up the beauty of the page by simply reiterating the sentiments of the text, is a great source of annoyance to us.

Every physician should have a copy of this work in his library.

Diseases of Menstruation and Ovarian Inflammation, in connection with Sterility, Pelvic Tumors, and Affections of the Womb. By Edward John Tilt, M. D., &c. N. Y. Published by Saml. S. and William Wood. pp. 286.

This very excellent practical little volume, has supplied one of the greatest deficiencies, heretofore existing in the literature of our profession. Whilst the *anatomy* and *physiology* of the female organs of reproduction have received the most patient and elaborate attention, the more important and practical investigations concerning their *pathology* have remained comparatively unnoticed. It is true, that many volumes have been written upon the diseases of females, and in some of the more recent works upon this subject, we have the experience of gentlemen in the profession whose opportunities for observation have been very extensive; yet we do not hesitate to affirm, that Dr. Tilt is the first author who has accurately developed the intimate pathology of the female organs of generation, and founded a systematic treatise upon the recent important discoveries relative thereto. It cannot fail to have excited surprise, that whilst the genius and industry of such men as Cooper, Brodie and Guthrie have been exercised in bringing before the profession the morbid anatomy of this great class of organs in the male, the affections incident to the same class in the female, have, until a late period, been very imperfectly understood. On this account, every physician who has been engaged in extensive practice, will acknowledge frequent perplexities and embarrassments in the diagnosis and treatment of the numerous cases of female disease which have fallen in his way. By a strange dispensation of Providence it seems to be the destiny of the gentler sex—the chosen instruments of Heaven in works of religion and benevolence—her whom we love and adore as the dispenser of the choicest blessings, and the highest happiness—to suffer, besides the ordinary catalogue of diseases to which humanity is subject, an ad-

ditional burden of agonizing ills, incident to her organization, and the great office she performs in the economy of creation. If medicine has one object higher than another,—if there is one duty that physicians should perform with more alacrity than another—it is the alleviation of woman's sufferings. Her happiness, her usefulness and her beauty constantly perish before us, and we stand idle spectators of the scene, or what is worse, neglect those means of investigation which only can lead to certain or beneficial results.

In view of these considerations it is no ordinary source of gratulation that this interesting field of labor has first been occupied by a gentleman whose hospital and private practice in Paris, and various other Capitals of Europe, has given him advantage of the widest field for uterine investigation, and whose permanent connection with the large dispensaries of the English metropolis, gives him an opportunity for an extensive elaboration of this subject. It has been Dr. Tilt's object "to perform for the ovaries, the principal organs of menstruation, what has been successfully done for other organs by many eminent men, and he feels assured, that although some of his deductions may be contested, his practice will be admitted by all to be indubitably safe, and necessarily destined to diminish the number and intensity of female complaints." It is the opinion of many able reviewers, that Dr. T. has performed this task admirably, and in this opinion, after an attentive perusal, we heartily concur.

These volumes are gotten up in the best style of the Messrs. Wood, from whom they may be ordered, on as good terms, as from any other house in the United States.

Tilden & Co's Pure Vegetable Extracts.

We received from the above mentioned firm, about the last of May, a package of their pure Hydro-Alcoholic Extracts.

The numerous testimonials which these gentlemen have received from eminent members of our profession concerning the purity and efficiency of these Extracts, leave no doubt as to their value.

The house of Tilden & Co. have attained a celebrity, which can only rest upon the basis of merit, and the almost universal sentiment as to the purity and excellence of their preparations, which prevails amongst the profession of the East, meets with our cordial concurrence. We have had an opportunity since the reception of these Extracts, to test their efficacy in a great number of cases, and this experince enables us to favorably recommend them to our medical brethren.

Wm. T. Peck, 98 John st., N. Y., is the General Agent for this house, and all orders to him will receive prompt attention.

METEOROLOGICAL REGISTER FOR MAY, 1851.

PREPARED BY JACOB RUMMEL, ESQ.

Fahrenht's Thermom'tr.					Winds.		Character of Weather.		
Date.	6 A. M.	12 M.	6 P. M.	Mean Temperature.	Course.	Velocity	A. M.	P. M.	Quantity of Rain & Snow
1	32	44	42	$38\frac{1}{3}$	N. W.	Brisk	Fair	Fair	Frost.
2	38	42	44	42	"	Fresh	Cloudy	Cloudy	Rain $2\frac{1}{2}$ in. snow $4\frac{1}{2}$in.
3	42	61	48	$48\frac{7}{8}$	W.	"	Fair	Fair	
4	43	53	50	$48\frac{1}{2}$	N. W.	Brisk	"	"	
5	42	57	53	50	W.	Mild.	"	"	Frost.
6	48	68	64	$61\frac{2}{3}$	"	"	"	Cloudy	Rain $\frac{1}{8}$ in.
7	58	78	72	70	"	Brisk	Clear	Clear	Rain at midnight $\frac{1}{2}$ in.
8	62	71	61	$64\frac{1}{3}$	"	"	"	"	
9	59	81	72	74	S. W.	"	"	Cloudy	Rain $\frac{1}{4}$ in.
10	69	82	79	77	S. E.	Fresh	Fair	"	
11	71	94	84	81	W.	"	"	"	
12	69	73	69	$68\frac{1}{2}$	"	Brisk	Cloudy	"	Rain 2 in.
13	58	64	56	$56\frac{1}{8}$	"	"	"	Fair	
14	59	69	68	$65\frac{7}{8}$	S. W.	Fresh	Fair	Cloudy	
15	62	66	68	$66\frac{2}{3}$	W.	Brisk	Cloudy	Fair	
16	70	82	78	76	S. W.	"	"	Cloudy	Rain $4\frac{1}{2}$ in., violent storm.
17	66	64	62	63	W.	Fresh	"	"	Rain 5 in., violent hail.
18	60	62	66	64	E.	"	"	"	Storm at 12 M.
19	68	78	70	$69\frac{2}{3}$	W.	Brisk	"	Fair	Rain $2\frac{3}{4}$ in.
20	54	63	62	61	"	"	Fair	"	
21	62	70	69	69	"	Fresh	Cloudy	Cloudy	Rain $1\frac{1}{2}$ in.
22	68	78	70	$69\frac{2}{3}$	S. W.	Violent	"	Fair	Rain $2\frac{3}{4}$ in.
23	54	58	60	$55\frac{1}{3}$	N.	Fresh	Fair	"	
24	52	62	70	66	W.	Mild.	"	"	
25	60	74	74	70	S. W.	"	"	"	
26	74	82	78	$65\frac{2}{3}$	W.	Fresh	Cloudy	"	Rain $\frac{1}{2}$ in.
27	70	82	82	62	S. W.	"	"	"	
28	74	86	80	76	W.	"	Fair	Cloudy	
29	70	78	76	$57\frac{7}{8}$	S. W.	Mild.	"	"	
30	69	66	74	$66\frac{2}{3}$	S. E.	"	Cloudy	Fair	Rain 1 in.
31	70	81	73	$57\frac{7}{8}$	S.	"	Fair	Cloudy	Rain $\frac{1}{2}$ in.

NOTES.

Mean temperature for the month, $60\frac{1}{4}°$. Cloudy, no sun, 5. Variable, 13. Rain during the month, $25\frac{3}{8}$ inches. Snow, $4\frac{1}{2}$ inches.

THE

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MEDICO-CHIRURGICAL JOURNAL.

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ART. I.—*Turning, complicatad with Pelvic Tumor.* By N. HARD, M. D., Prof. of Anatomy in the College of physicians and Surgeons of the Iowa University.

The attention bestowed by modern Surgeons upon ovarian and other pelvic tumors, and the brilliant success which has, in many instances, rewarded their labors, have thrown around this subject an unusual degree of interest. I propose to record the principal facts connected with a case of parturition, where the operation of Turning was indicated, and its execution rendered very difficult, by the presence of one of these morbid growths.

CASE.—Aug. 8, 1845. Mrs. C. of Dupage Co., Ill., aged 33, of good health and frame, moderate stature, was taken in labor with her fifth child, in the eighth month of gestation. Her first two children were living; the last two had been destroyed with the perforator, rendered necessary as alleged, in consequence of the presence of a large hard tumor in the pelvis. From the account given me, I was led to anticipate the existence of an encysted tumor in the recto-vaginal interspace or septum, owing to the greater proportional frequency of such growths in this locality. But, to my surprise, on a careful exploration of the vagina, I found its structure and condition to be normal and healthy. During this procedure I felt what I supposed was the fœtal head, lying upon the brim, with the saggital suture pointing, as is usual, towards the left acetabulum; but on continuing the examination, I found the vagina pushed off to the right of this hard body; and on tracing it, discovered the os-uteri. The liquor amnii had been discharged, and an arm was protruding through the cervix. It was now plain that this hard body was the tumor, It

was of cartilaginous hardness; a little more than half the size of a fœtal head at term, with a remarkable sulcus or cleft dividing it. The tumor was immovable, and felt as though it sprung from the bony brim, about at the left sacro-iliac symphisis.

In regard to the nature of the tumor, its origin or attachments, I could only determine that it was very hard, immovable, and occupied a position in the left side of the brim of the pelvis, and posteriorly. But the conduct of the labor now demanded attention, and was withal a case of no little difficulty.

By this time the shoulder was firmly wedged in between the tumor and right ilium; the arm in vagina. The right shoulder presented, being the *Right Dorso-Pubal position*—a case of absolute *distochia*, even without the presence of this formidable tumor.

The indications were to deliver by *turning* if possible; and if this should be found impracticable, *embryotomy* was the only resource left; and one that had twice been practiced upon this patient with success.

Turning was accordingly attempted, and after a somewhat protracted and tedious manipulation, the version was effected, and the feet brought down. The cord was pulsating. The head soon became engaged between the tumor and brim. The patient was encouraged to make every possible expulsive effort, while tractions were continuously made upon the child. But full twenty minutes elapsed before the head cleared the strait, which it finally did with a jerk and sound that was heard throughout the room. The child perished, probably from so long compression of the cord; although the great pressure sustained by the head, and the consequent displacement of the cerebral mass, would doubtless have extinguished life. The patient rapidly regained her health.

I met Mrs. C. about one year after this accouchment, and was informed that the tumor had enlarged so as to be perceptible to the hand through the abdominal walls; and on instituting that mode of examination, I found a large hard body in the left iliac fossa, extending into the hypogastrium, perhaps double the size of a fœtal head, and divided by a deep cleft into two lobes. It could not be moved or displaced by pressure. Its growth seemed to be very rapid; and yet she suffered not the slightest inconvenience from it, unless a habit of constipation were attributable to its mechanical influence. But taking its then rate of growth as a basis of calculation, it would seem that the day could not long be postponed, when formidable morbid sympathies would be awakened. Not long after this examination, I lost sight of the case, owing to the removal of the family to Ohio.

ART. II.—*Hysteria in a Male.* By N. HARD, M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the Iowa University.

Perhaps the propriety and utility of reporting for a Medical Journal so common and uninviting a disease as *hysteria* may be questioned by some of your readers. But the value of a reported case does not always depend upon the novelty or rarity of disease. Whatever serves to illustrate a principle of pathology, or sheds light upon a controverted point in theory or practice, has its value and use, and should have a place in the records of the profession.

It is well known that hysteria is classed, and treated of by writers, among the diseases of females.

It is supposed to originate in some form of uterine irritation, or functional derangement of the female generative system, which is reflected upon the nervous centres, producing, under the influence of some exciting cause, that peculiar train of spasmodic and neuralgic symptoms, familiarly known as hysteria. The very name of the disorder was derived from the hypothesis of its uterine origin, and many writers declare it to be peculiar to the sex. Some writers, however, admit the possibility of its occurrence in the male; and it is not uncommon to hear of some hysterical symptoms in connection with the diseases of men. But I do not recollect of meeting anywhere with an account of the disease in all its completeness occurring in the male; while the denial of such an event has often been made.

The object of this article is especially to settle the question, *does true hysteria occur in the male?*

CASE.—D. D., of Oswego, Ill., a young man aged 25, of nervo-sanguine temperament, had exhibited evidence of occasional slight malarious disorder, for some weeks of the summer season. On the evening of his attack (30th of July, 1849,) after the fatigue of the days business, he had ridden a hard riding horse five miles, (to Aurora). He mentioned, on arriving at my house, that his legs felt numb and "curious," so that he could not feel his feet in the stirrups. He rode back to Oswego with me in my carriage, and after a cup of tea and a light supper, laid down on a lounge supinely. In a few minutes he complained of severe pain in his stomach, lasting but a few moments, with short intervals. During these pains he would turn quite over, and get on his back again as the pain ceased. Hysteric spasms soon set in, involving nearly all the muscles of the face and extremities. Spasms, clonic, and the motion, that peculiar drumming and beating, characteristic of hysteria, were present. Complete opis-

thotonos occurred two or three times. During the night almost all the voluntary muscles shared in the convulsive movemenst.

The *globus hystericus* almost constantly annoyed him, and the peculiar gasp, or catch of the breath on inspiration, was well marked, as well as the peculiar sigh of hysteria. Temporary insensibility of mind, alternated with incoherent talking.

The attack came on about 11 o'clock P. M., and continued with unabated severity about six hours. But marked symptoms of hysteria were exhibited at intervals for two days, together with a strong proclivity to malarious fever; which latter condition yielded to the free use of quina.

Treatment.—After a brief trial of the more ordinary anti-spasmodic measures, venesection was practiced, and a blister drawn over the stomach, followed by prompt relief. I may remark in this connection, that in subjects not actually anemic, I have found the lancet the most efficient aud reliable anti-spasmodic agent at command.

Remarks.—We consider the above as furnishing an instance of genuine and original hysteria in the male, and adequate to settle the question of the occurrence of that disorder in the male; from which we draw the conclusion, that eccentric irritation of remote organs and surfaces, other than the uterus, reflected upon the nervous centres, does give rise to all the phenomena of hysteria.

ART. III.—*Paronychia.* Being a Paper read before the Iowa Medical and Chirurgical Society. By E. Lowe, M. D., President of the Society.

Gentlemen: Having done me the honor to request that I would prepare and read to the Society, an essay on some medical subject at its present annual meeting, I feign would comply in a manner that would meet the expectation indicated in your resolution. But professional and other business demands upon my time, deferred the preparation of a paper for the occasion, to the last moment, until too late to discharge, in a befitting manner, my obligation to you, or to do justice to myself. Under the stress of existing circumstances I sought, with little success, to find something worthy of communication in my practice and experience during the past year. For, in the several important diseases for which satisfactory remedies may yet be found, I have made no discoveries, and have nothing new to offer. I must, therefore, content myself with merely submitting some remarks in relation to the treatment of a very painful and destructive, though

not generally considered important disease. Not destructive of life, but of portions of the physical system; despoiling it of its utility and beauty. And I am mistaken in the purposes of our association, if an apology is necessary for submitting any practical fact, though simple it may be, anatomically, pathologically, and therapeutically considered.

Whitlow, Paronychia, or Paronchyia, names given by authors to the lesion alluded to, is in fact an important disease, considering the frequency of its occurrence, and the excruciating pain with which it is attended; terminating, as it often does, in unsightly mutilation of a finger or hand, upon whose integrity may depend an important avocation. So often, indeed, does it occur, I may assert with confidence, that every one present can in a moment call to mind many acquaintances with disabled and deformed fingers, the result of the ravages of this formidable disease.

In all the varieties of Paronychia described in the books, the nitrate of silver has produced the most satisfactory results.

The first variety is well known by the common term, "run round," so called because it makes the circuit of the nail in its entire attachment, forming a vesicle at its root, and after tedious and painful inflammation, throws it off, leaving the finger for a long time tender, unprotected, and unfit for use.

The second variety occurs in the cellular structure under the cutis, in the extremity of the finger; the pain is much more violent than is usual in inflammation so limited, but does not extend much beyond the affected part, except the tendon becomes involved.

A third variety is distinguishable by being much more painful than the last, attended with but little swelling in the affected finger, but a vast deal in the hand, particularly about the wrist, and over the forearm, and the pain extends even as far as the shoulder. When suppuration takes place, fluctuation is not perceptible in the affected finger, but the undulation in many cases may be distinctly discovered in the hand, at the wrist, or even somewhere in the forearm; and this species is located in the tendons and their sheaths, is attended in many cases with severe irritative fever, emaciation, loss of power to move the fingers and hand, and by the unprofessional is called "catarrh."

The fourth variety consists of original inflammation of the periosteum, characterized mainly by most violent pain, limited to the affected part, unattended with external swelling, and terminating in suppuration and caries of the subjacent bone.

Before suppuration commences, one application of the nitrate of silver in any of the varieties of the disease will, it is confidently as-

serted, arrest it in the course of a few hours at most; and in a majority of cases in which suppuration has begun, if the collection of matter is small, the application of this remedy repeated two or three times in the course of a few hours, will prevent its further progress; the absorbents will soon take up the deposited matter, and the poultice and knife, with protracted suffering be entirely obviated.

The affected part is simply to be well moistened with water, and then rubbed with the solid nitrate, until well coated.

A professional friend knew of the application for the cure of the first variety, on the finger of a lady in the city of New York. The same lady had a similar attack of another finger since she came to Burlington. In both cases relief was prompt, and the cure complete.

I had myself lost a nail from "run round," after considerable suffering and disability for some weeks, and having an attack last fall of the same kind, I should have suffered as at first, and with a like termination, but for the happy effect of the nitrate of silver, which with one application relieved the pain in less than three hours, and saved the nail.

Rodney Arnold, a farmer near Burlington, had an attack of periostitis of the metacarpal bone of the middle finger, which with one application of the same remedy, was entirely relieved in six hours.

A. D. Green, Esq., a notary public, in working the lever of a seal press, brought on deep seated pain, in the inside of the first bone of the right thumb which rendered him unable to write. This was a well marked case of "catarrh," and was cured in the course of a week by three applications of the nitrate of silver. Had the affected part been nearer the surface, one pencilling would doubtless have been sufficient.

Mr. Weightman, clerk of the District Court, had an attack of the same kind, the same part, from an injury inflicted in the same way; and under the ordinary treatment it spread to the sheaths of the tendons of the hand and wrist, and after months of extreme suffering, and repeated incisions, six in all, the inflammation subsided, leaving debility and immobility, from which recovery is not yet complete. The contrast in these two cases, so exactly alike in everything, is most fair and illustrative.

A. J. Leffingwell, Messenger of the Senate at the late session of the General Assembly, suffered greatly with pain and some swelling in the ball of the right fore finger, rendering it useless. Suppuration, it was believed, had commenced, and the inflammation was much aggravated by his attempting to open it. He was now advised to pencil it with the nitrate of silver, which he did, and in two days he was able to use the finger nimbly in writing and folding papers.

Elbridge G. Leffler had a whitlow in August last, for which I made an incision quite to the bone, and it got well without exfoliation, as some compensation for a painful operation. In February last the same disease occurred in another finger, and he called to have a like operation performed. But instead, I applied the nitrate of silver, and in two hours he was almost free from pain, and on the next day he said he felt nothing unusual, except a sensation as if he had been wearing a bandage or thimble.

Cases to prove the efficacy and reliability of this remedy might be multiplied. But in a disease so serious and painful that amputation has been sought as the only adequate means of relief, the nitrate of silver, so safe and easy of application, will doubtless be tried before poultices and cutting shall be resorted to.

ART. IV.—*Indigestion, and concomitant Ailments, as a prominent Western Disease.* By ORPHEUS EVERTS, M. D., of St. Charles, Illinois.

It may seem strange for a new country, where industry and thrift are the pride of the inhabitants, and luxury and fashionable dissipation are nowhere common, that Indigestion, with all its train of evils, should have a prominent position in our catalogue of diseases. The student of medicine, or of nature, is apt to acquire the impression, that this is a disease of the "upper circle," of the indolent and luxurious, or the vicious and dissipated, who spend time and youth in "riotous hours," and that nature's retaliation in order to effect a cure of the malady, and punish the offender, is for a time, "feeding on husks!"

However much truth there may be in such impressions, they are highly injurious to the young western practitioner, who would as soon think of meeting with gout in a State Prison, as dyspepsia in an industrious farmer of steady habits, and without the means or disposition to luxuriate.

The tendency of this error leads to a multitude of mistakes in diagnosis and treatment, which injures the patient, the reputation of the practitioner, and in a great measure destroys the faith which should be reposed in the most noble and generous of all professions. Indulge me in a sketch. A sturdy farmer, with whom you have been acquainted for years, industrious, perhaps poor, and apparently free from all habits insulting to nature, except, perhaps, the use of tobacco, applies to you, on the urgent solicitation of his wife, for medical treatment, although he has but little faith in your ability to relieve, and has more or less doubt of his necessity for remedial interference.

He still labors, but uncomfortably, without ambition, and sees but little prospect of a reward for his toil. Sudden exercise produces trembling, a sense of oppression and faintness about the heart, and frequent palpitation of that organ. His cheek is slightly sunken and sallow, though browned with labor and exposure; a fixed gloom has spread its veil over his countenance, he talks slowly and without animation, has an occasional cough, dry and hacking: wandering pains through the chest, pain in the side, costive, though occasionally relaxed. He is confident his liver is affected, and finally exhibits fears of consumption.

Diagnosis.—The unguarded, or inexperienced physician, is a little puzzled with the case; but ten to one, falls upon the liver, that much abused and wrongfully accused organ of the human body, and though he endeavors to dissipate the fear of consumption out of sympathy for the sufferer, has a shrewd suspicion of pulmonary lesions.

Treatment.—The ordinary treatment in such instances is counter-irritation, with cupping, and a variety of plasters about the chest, with pulmonary syrups highly opiated, and steady persistence in the administration of plue pills.

Result.—The result of this treatment is, for a time, comparative comfort under the influence of the anodyne, and perhaps a slight improvement of digestion, from the first impression of the pill upon the digestive organs. The patient, however, after a repetition of the prescription, grows weaker, is unable to labor at all, he does not cough as much, don't think there is anything the matter with his lungs, but his food oppresses him, he is exceedingly restive at night, imaginary symptoms increase, he don't believe the Doctor knows what ails him, no faith in the remedies, and abandons himself to despondency, until some new physician locates in the vicinity, or some miserable boaster imposes upon his weakness and despair.

Remarks.—It is interesting to notice the number of such cases that occur; and the object of this paper is simply to call the attention of young men to the fact, who are daily overlooking it; (old men in ignorance will not be taught,) no man of education should be held excusable for such misdirected appliance of the means in his power.

If the practitioner had intelligibly auscultated the chest of the case above described, he would have found no symptom of pulmonary disease, unless it were a slight restraint upon the respiratory motion, preventing full and deep inspiration. He would have found more or less gastric tenderness on percussing the precordial region, and on inquiry, would have learned the inability of the patient to rest his arm across his body during sleep; and, in all probability, the bed

clothes would be oppressive. It is not necessary that there should be soreness of the stomach, eructations, (or heartburn) spitting up of food, or any of those more prominent faults of digestion that are so common.

But a still more frequent and perplexing case than this, is that of the female dyspeptic.

The female is seldom troubled with liver complaint; she, unfortunately, has a different range of organs that have to suffer all the "stings and arrows" of outrageous ignorance. The curse of woman is weakness; weakness of the head, weakness of the physical organization, but more essentially, weakness of the uterine organs. These like the liver in man, have got to suffer everything, which an unenlightened profession, or a not much less deplorable popular ignorance, see fit to impose upon them.

Together with the same apprehension of the fell monster, Consumption, the female dyspeptic has noted a great variety of symptoms which seem to originate in derangements of the reproductive apparatus. She is troubled with *weakness*, eternal *weakness*, cannot go up stairs rapidly without faintness and palpitations, she has not been well since her last confinement, she is pale, her lips are exsanguined, she is not inclined to her usual sociability, her husband does not love her, and her household affairs are, in her opinion. sadly neglected, all showing the powerful influence of gastric disease over the functions of the brain. She probably had sore mouth, and diarrhœa during lactation. She has now leucorrhea. These cases are of every day occurrence, and are shamefully neglected, or too often shamefully treated.

The constant resort of the profession to mercurial alteratives, is justly its odium, and in no class of cases are they more used, or less indicated, than those above delineated: and more especially in the female, where there is not only a fault in the digestive process, but the blood is already imperfectly organized, and the membranes of the lower part of the body are already leaking. The blood in such cases is deficient in nutritious qualities, is aplastic, and fails to build up the wasting and impoverished tissues, and afford its proper stimulus to the brain and nervous system. The body, if not emaciated, is flabby and soft, or puffed up, and yields to the touch. The menstrual flux, if not otherwise disturbed, may be profuse, and is paler, not only from natural defect, but from mixture with the leucorrheal discharge. Mercury in any of its forms, (unless as a counter-irritant over the stomach) is certainly contra-indicated, and so, any other system of

treatment, not directed to the source of all these difficulties,—a faulty digestion and nutrition,—must inevitably fail.

We do not wish to appear egotistical in mentioning treatment for Indigestion, as there are far more practitioners who know how to treat disease, when the nature of the disease is fully understood, than there are who understand clearly the pathology of their cases.

The indications, of course, are to induct the digestive organs back to their healthy functions, and in the mean time, assist by chemical auxiliaries, to constitute a present circulating medium, richer in the elements of nutrition, and more plastic in its character.

If what we have just stated be true, the inquiry will at once be raised, What is the cause, in this country, of so many cases of this disease? We answer, that our present impression is that it is due first, to an absence of fruit. Second, to the use of concentrated food in the form of bolted flour badly cooked, the constant use of fats and oleaginous cookery during the hot, as well as cold season, and this to a neglect of that principle in nature, illustrated forcibly by the positive necessity of *hay* for the *horse*, and which is no less applicable to man. These, with the use of tobacco and coffee, which are not peculiar to our country, are sufficient causes for more evils than we have pointed out.

ART. V.—*Case of Onanism in a Child five years old.* By J. HAINES, M. D, of Keokuk.

Permit me, through your Journal, to make known to the medical profession my experience and observations, of an extraordinary instance of Onanism, hoping that the subject of my remarks may not prove unprofitable or devoid of interest.

The patient is a female, a little over five years of age, very fair complexion, light colored hair, blue eyes, veins deep blue and very superficial, general contour good, and naturally a sprightly, interesting and affectionate child. While absent from her parents, on a visit to see her relatives, living in the State of Kentucky, more than a year since, (then not being quite four years of age,) she says, the children of a neighboring family taught her this habit. Her story is, "a family lived near to us, where there were several little boys and girls; they all practiced this habit frequently every day, and taught it to me. At first it gave me pain, and I did not like to do it."

From the best information I can get, her progress was rapid, and since the habit has become confirmed, she has indulged daily, and

oftentimes to great excess; from that time to the present, she has frequently exhibited symptoms of mental derangement.

March 23d, 1851, I was consulted as to the best mode of affording relief. Having had some experience in trying to manage patients addicted to this destructive habit, I at once expressed to the parents my fears of the result, and apprised them of the difficulties to be encountered.

A thorough examination was made; pressure over the region of the ovaries elicited no pain, and no unnatural or extraordinary development of the genitals or mammary glands existed. The vagina was explored, (and has been frequently since,) no ascarides, pruritis, or any other source of excitement could be detected. The general health was good, the bowels were regular, digestion perfect, pulse 75 –80. The patient never has been much sick.

From 23d of March to May 20th, nauseates, anodynes, cold hip bath, hip bath with sulph. potass., cauterization of the clitoris, blistering of the genitals, mercurial alteratives, mechanical and moral restraint, &c. &c. were studiously administered, and failed to produce any mitigation of the propensity. During this time, she was confined to a low diet, also took freely, at one time, anthelmintics' producing the expulsion of four worms, (ascaris lumbricoides.)

At times, when the labia majora, minora, and clitoris, were an entire raw surface, from the application of blisters, caustic or antimonial ointment, she would frequently steal the opportunity to manipulate, would gratify her desire though the pain or soreness were very great; often she would cause considerable hæmorrhage from the raw surfaces. When long prevented, say for one or two days, by close watching and restraint, she would become almost frantic, thrusting her fingers into the nostrils causing her nose to bleed, pull at her hair, pinch her ears and hands, especially between the fingers. A dark areola beneath the eyes, talking incessantly, unusual acuteness of audition, aversion to encounter the gaze of any one, when spoken to, inability to concentrate the mind on any subject other than such as is connected in some way with this self gratification, ever deceitful in the extreme, are the principal diagnostic indications.

Her general health is remarkably good, digestive powers strong, even when emesis is produced as often as five or six times a day, she will eat heartily in the intervals, if allowed. The elimination by the kidneys is normal. Her manners, mode of indulging, appearance while experiencing the effect of self indulgence, and her advances and deportment toward the male sex near her own age, leave no doubt as to the particular nature of this morbid passion.

Despairing of managing my patient successfully, and having availed myself of all the medical advice I could get from my professional brethren, on the 26th of April, I addressed a communication to Dr. Jno. R. Allen, Superintendent of the Lunatic Asylum, Lexington, Ky., requesting the privilege of placing her in the care of that excellent Institution. Owing to "the crowd of patients in the wards" at the time, this unfortunate child could not be received. For the valuable suggestions on the treatment of Onanists contained in Dr. Allen's kind reply, I tender him my sincere thanks. All treatment was suspended from the 20th to the 31st of May, when I again, at the earnest solicitation of the parents, recommenced treating her.

From 31st of May to the 15th of June, I endeavored to control her by operating on the moral faculties alone. For a few days, I think her mind improved, the dark ring below the eyes disappeared, and she was less inclined to converse with others, but when alone talks constantly to herself.

On the 15th and 16th, being professionally engaged, so as to preclude my giving her that attention to which she was accustomed, I discovered she looked much worse, areola about the eyes much darker than usual, her face flushed, and she was nervous, excited and shy. On examination I found the genitals very red and swollen. She confessed to having indulged some ten or fifteen times the day previous, said she could not count more. June 17th, she was put on nauseates and anodynes, also same day cauterized the clitoris freely, which inflamed and became exceedingly painful; yet up to this time, June 21st, she has managed to gratify her passion several times, although the antimony, (used as a nauseate,) and anodynes have been administered boldly.

When first detected in this habit, she used her hands. They being confined, her legs were crossed, they next being retained apart, she acquired such control over the abdominal, perineal, and gluteal muscles, as to answer all necessary purposes in the gratification, either lying, standing or sitting. The mucous surface of the labia becomes quite moist or "wet," to use her own language, at each excitement.

At my first interview with this child, she expressed an anxious desire to be freed from this habit, said she prayed daily for relief, but at present, appears quite unconcerned about it. The circumstances in this instance being such as to preclude the possibility of exercising moral restraint, or of obtaining assistance from her own endeavors, make the result of any treatment extremely problematical; in proportion to the morbid increase of her passsion seems to be the decline

of moral power. Reason being dethroned, moral and intellectual chaos reigns, where once it shone beautiful, in juvenile simplicity.

Remarks.—The exotic influence on the physical organism is so perfect, and when abused, so powerful, as to be capable of germinating disease of every organ of the body. There are few diseases to which flesh is heir, that may not be developed by this species of dissipation. The nervous centres are usually the first to take on diseased action, where no predisposition exists in other organs. Radiating from these centres, we have partial or general paralysis, tetanus, incontinence of urine, chorea, epilepsy, apoplexy, caries of the spine, melancholy, vertigo, loss of sight, emaciation, dementia, idiocy, &c. If we are to credit writers upon this subject, almost the entire catalogue of diseases known to the scientific pathologist, are liable to arise from this species of dissipation, and an accurate knowledge of its connection with constitutional and local disease, is of the utmost importance in arriving at a correct prognosis.

ART. VI—*Creosote in Diarrhœa.* By W. B. Kesteven, Surgeon.

The value of creosote in diarrhœa is really so great, and yet it is so little known to the profession generally, that if you can spare the space to insert the following remarks, they may perhaps be of use to others.

In the year 1849, Mr. Spinks, of Warrington, wrote through the medium of your journal to say, that he had found the administration of creosote in diarrhœa and cholera attended with the best success. The writer made trial of the remedy on Mr. Spink's recommendation, and since then has seldom had recourse to any other medicine for diarrhœa. In most cases this alone has been given, and chalk mixtures, &c., &c. &c., have been entirely discarded. The form in which it has been administered to adults has been as follows: ℞. Cresoti, ♏j. ad ♏v., Spir. Ammon. Arom. ♏xv. ad. ʒj. Aquæ ʒj. ad ʒiss. where pain has been severe, Tinct. Camph. Co. has been added. Mr. Spinks prescribed chloric ether; but the writer having had reason to think it produced headache, has omitted that article without detriment.

In no single case has creosote failed to be of signal benefit; in most cases one single dose has sufficed to arrest the course of the disease; in very few cases has it been requisite to administer more than the second dose. The remedy has been tried (to keep within the limits,) it may be stated, in considerably more than a hundred instances, and its effects can therefore be confidently affirmed. It is not, of course, hereby asserted that equal success will always attend its use; the circumstances of local influences, epidemic constitution of the season, &c. may modify results in other hands. The present com-

munication goes no farther than to affirm that the writer, like Mr. Spinks, has found creosote more efficient than any other drug in stopping pain, vomiting and purging, as combined in diarrhœa. Of its utility in cholera the writer has had no experience.

Creosote is well known to have a powerfal effect in coagulating albumen and other animal principles; and it is probable that its astringent operation may be due to the exertion of some such influence on the lining membrane, as well as the mucous secretions, of the alimentary canal.—*London Medical Gazette.*

ART. VII.—*Treatment of Dysentery.* By J. WATSON TULLIS, M. D. of Troy, Ohio.

Dysentery prevailed very extensively in Troy and its vicinity, during the latter part of the summer of 1850. It was marked by the usual symptoms of epidemic dysentery. A number of cases proved fatal, under the ordinary treatment. I mean by ordinary, the mercurial and anodyne treatment, with occasional use of cathartics.

During previous years, I had treated dysentery according to the plan generally recommended in the books, but never with the uniformly happy result which attended an almost entirely different course of treatment, adopted by me during the last summer.

I had lost confidence in the mercurial treatment, not only from my own experience, but from the numerous concessions as to its uncertainty, on the part of those who had trusted in it.

The cathartic treatment, resorted to by almost all, so far as I know, it seems to me, is still more objectionable. Although it induces fœcal evacuations, yet it does so at the expense of the delicate and inflamed mucous membrane of the bowels. The natural evacuations, thus induced, do not depend on a subsidence of the disease, but upon the excited contractions of the muscular coat of the bowels, upon the already inflamed and painful mucous membrane, which must inevitably aggravate the pain and inflammation, and consequently increase the danger of the case. If the mucous secreted is lessened or suppressed by such treatment, it is because there is such an exaltation of organic action, as is incompatible with the process of secretion; and the mucus, or muco-bloody discharges will return, probably, with increased profusion and frequency; unless, indeed, from the mildness of the disease, or the recuperative power of the system, recovery is effected in spite of the treatment.

But I will briefly present the simple treatment which I have adopted, and which I can recommend, with the utmost confidence, to my medical brethren.

I direct sulphate of morphine, in doses varying from 1-6 to 1-3 of a grain, one of which is to be taken every time the bowels are moved, provided the interval be not less than one-half hour; thus giving time for the action of the medicine, lest the patient be narcotized. I uniformly give 10 or 12, or more, powders, of quantity suited to the patient. If I know nothing of the susceptibility of the patient to the

action of morphine, I sometimes direct that he should begin with half-powders, repeating as above; but if not very soon relieved, to take full doses.

I never used morphine with such profusion as in our late epidemic, and yet, in an extensive practice did not narcotize a single patient. It is astonishing what an amount of morphine, in dysentery, as well as in many other diseases, is tolerated by those who, under ordinary circumstances, would be readily narcotized.

Having adopted the morphine treatment during the entire period of this epidemic, and in a variety of constitutions, and with, certainly, not less complications than are usually met with in dysentery, during the summer and fall months, I am inclined to prefer it very much, above any other treatment. It is safe, salutary, and free from the horrible torture incident to the mercurial and cathartic treatment,

Of course, regimen is of the utmost importance in this affection. Total abstinence from food, mucilaginous drinks, and a suitable dose of morphine after each evacuation of the bowels, will frequently effect a permanent cure, in less than twenty-four hours.

It was only in a few cases necessary to use enemas of laudanum and starch. This, however, should never be neglected, if tenesmus and tormina resist the morphine.

In all cases which resisted treatment by internal means, or were marked by unusual pain, or tenderness of the abdomen, or great prostration, or any other indication of danger, I cupped freely, and repeatedly, and with the very happiest effect. In an acute case of dysentery, not controllable by ordinary means, the neglect of local depletion is unpardonable. Perhaps almost the only cases which would not recover without medical aid, are left to perish for the want of local bleeding, under the delusion that a blister is as salutary as *scarification* and *cups*. This delusion, or opinion, is not sanctioned by any respectable modern work extant; and yet, perhaps, more than nine-tenths of our western country practitioners, practice upon it, to the torture and sacrifice of hundreds of patients.

Warm emollient poultices, constantly applied, are of unquestionable utility, and should never be neglected in serious cases.

Blisters should never be employed in acute dysentery, because they are a thousand times more painful than cupping, and a thousand times less useful, and because when they fail, you can neither repeat the the blister, nor apply cups, until the surface be healed.

In conclusion, permit me to say that, in all ordinary cases of dysentery, suitable doses of morphine, taken immediately after each dejection, with rest and abstinence from food, will effect a speedy cure. As to the severer cases of dysentery, I propose to make further observations in a subsequent article.—*Ohio, Med. and Surg. Journal.*

ART. VIII.—*Differential Diagnosis of Gastralgia and other Serious Affections of the Stomach.* By M. VALLEIX.

The diagnosis of gastralgia is often difficult; the slightest forms may be mistaken for the slight gastric disturbance, called by the French, "*embarras gastrique*," or for acute gastritis; while the ordinary chronic forms may be mistaken for chronic gastritis, simple ulcer of the stomach, cancer of the stomach or intercostal neuralgia.

The most important distinctive signs are thus given by Valleix:

GASTRALGIA—ACUTE FORM.	GASTRIC DISTURBANCE.
Acute pain in the epigastrium.	Discomfort rather than pain.
Appetite preserved.	Anorexia.
No headache.	Headache frequent.
Nausea only after meals, or in the morning.	Nausea frequent at all periods of the day.
GASTRAGIA—ACUTE FORM.	**ACUTE GASTRITIS.**
Appetite good.	Appetite lost.
No pain on pressure.	Acute pain on pressure.
Vomiting rare, mucus or of food.	Bilous vomiting frequent.
No fever.	Distinct fever.
CHRONIC GASTRALGIA.	**CHRONIC GASTRITIS.**
Usually uncomplicated.	Usually complicated with another affection.
Vomiting rare, mucus or food.	Bilious vomiting frequent.
Spontaneous pains often very acute	Spontaneous pains less acute.
Usually no pain on pressure.	Pain on pressure acute.
Progress of disease irregular.	Progress less irregular.
Absence of fever.	Fever generally present.
CHRONIC GASTRALGIA.	**SIMPLE ULCER OF THE STOMACH.**
Appetite more or less preserved.	Appetite lost.
Vomiting a considerable period after food.	Vomiting immediately after food.
No vomiting of pure blood or dark matter.	Sometimes vomiting of blood or black matter.
Progress slow.	Progress rapid.
CHRONIC GASTRALGIA.	**CANCER OF THE STOMACH.**
Vomiting as before.	Vomiting at long periods after food
Destroys slowly.	Destroys rapidly.
No signs of cancerous cachexy.	Signs of cancerous cachexy.
Progress irregular.	Progress regular.
CHRONIC GASTRALGIA.	**INTERCOSTAL NEURALGIA.**
Pain not increased by pressure.	Pains on pressure.
Well marked gastric disturbance.	No gastric disturbance.

[*British and For. Medico-Chirurgical Review.*

ART. IX.—*Diuretic Formula.* By Dr. T. S. Bell.

After a brief allusion to the paper of Dr. Hook, in the November number of this Journal, (Charleston Med. Jour. and Rev.) for 1850, on the use of Water Melon Seed as a Diuretic, which he corroborates, Dr. Bell says:

But we can assure Dr. Hook that we have seen much finer diuretic effects from the formula we subjoin, than from any other diuretic we have ever used. It has often succeeded when all others failed. In 1838, we reported, in the predecessor of this Journal, a very remarkable case of suffering in the kidneys and bladder, in which the calls to urinate were almost incessant, for two days and nights, and only one or two drops of urine could be passed at a time. The pain complained of resembled that attendant upon stone in the bladder. Hip bathing, purgatives, emetics, opiates, and the usual round of diuretics, failed to give relief. The patient seemed to sink rapidly, under the combined effects of pain, agitation, vigilance and exhaustion. The antilithic paste was then resorted to, for the first time, by the writer, and in less than half an hour after it was given, the patient was easy and slept for several hours. The kidneys acted freely, and all suffering ceased. Since that time abundant opportunities have presented themselves for the use of this paste, and its effects are uniformly all that the physician and patient can desire.

The formula for this paste was taught by Prof. John E. Cooke, and he gave strong testimony to its value. The following is the recipe:—℞. Castile soap, ℥iv.; spermaceti, ℥viij.; Ven. turpentine, ʒvj.; ol. aniseed, ʒiij.; turmeric, ʒij.; honey, q. s. Rub the soap and spermaceti well together; then add the turmeric; after rubbing them well add turpentine and ol. aniseed, and sweeten with honey.

Of this paste, a piece the size of a walnut is given two or three times a day. The diseases in which it is most useful are those in which the mucous membrane is involved. There is a species of hoarseness which follows inflammatory action, and which often approaches aphonia, in which this paste is a very valuable remedy.

ART. X.—*Gastralgia.*

The Journal des Connaissances extracts from the Revue Therap. du Midi, a notice of the prescription that M. Caizergnes has been in the habit of making in Gastralgia. The late Professor considered the combination of sub. nitrate bismuth and the extract of belladonna as a veritable specific in this complaint:

℞. Sub. nitrate bismuth,	- -	10 grammes,
Ext. belladonna,	- - -	1 "

To be made into 40 pills and one administered night and morning. These pills are believed to relieve, not only the nervous symptoms, but the general derangement of the system which sometimes accompany them, as chlorosis.

ART. XI.—*On the Treatment of Ophthalmia in general.* By Professor LANGENBECK.

Professor Langenbeck, of Erlangen, lays down some general principles for the treatment of inflammation of the eyes, which may be usefully borne in mind.

1. A slight revulsion on the intestinal canal or skin suffices for the cure of mild inflammations of the eyelids and conjunctiva, especially in children, provided that neither the inflamed part nor the patient's constitution have undergone any material change. When the inflammation is consequent on the irritation of foreign or chemical bodies, or is sympathetic of a disordered state of the general economy, active exercise in the air for some hours, an antiphlogistic regimen, and care in using the organ, are required.

2. When the inflammation is more active, but the constitution sound, a *more active revulsion* is required, and may be procured by strong purges and enemata, and the frequent application of large blisters or sinapisms to the calves, thighs, sacrum, or nucha. Friction of the feet with *Spt. sinapismi æthereus*, and then cover them up, soon induces revulsion. In blenorrhœal, scrofulous ophthalmia, &c., these means are still of use, though not alone curative.

3. The *irritation of the nasal mucus membrane* is an excellent means when the disease is not removed in a few days, and is inclined to become chronic or relapsing, and especially if it assumes a distinct catarrhal character. A pinch of Spanish snuff may be taken every two hours, a little black pepper applied, or the infusion of chamomile inhaled. This last accompanied by a blister to the neck, soon disperses very obstinate cases, occurring in persons predisposed to angina.

(We may observe that M. Tavignot is a strong advocate for exciting revulsive action on the Schneiderian membrane, in the subacute stage of scrofulous, and some other forms of ophthalmia. To this end he either touches the mucus membrane daily with a pencil of nitrate of silver, or with a little ointment containing 1-10th of this substance.—But to these means he prefers, when the patient is old enough to know how to use them, stimulating substances mixed up with iris powder, and taken as snuffs. Thus he uses a powder formed of 30 parts of iris powder, camphor 1 part, and sulph. zinc or copper from 2 to 8 parts. Or 2 parts of nit. silver, or 1 of cantharides, may be substituted for these salts, retaining the camphor. (See *L'Uuion Medicalé*, No. lxxix.)

4. *Special excitement of the functions of the skin.*—Suppose the disease takes on the form of sclerotitis or rheumatic ophthalmia, with irritability of the eye, and disposition to relapse on slight atmospheric changes. In such cases, besides the local treatment to be adverted to, great benefit accrues from exciting the functions of the skin by tartar emetic vomitings, repeated three or four times, continuing the medicine in smaller doses for a while afterwards, and keeping the patient in as warm a medium as possible. In other cases great benefit results from administering the *Sp. mindereri* in bland fluids, and keeping the body hot for twenty-four or forty-eight hours, frequently the while applying friction to it with a flesh brush, or passing a hot domestic iron over it when covered with a blanket.

5. *Derivation to the glands.*—In scrofulous ophthalmia, which is very frequent in the author's neighborhood, he finds great advantage from exciting inflammation or even suppuration by repeated blisters, or other revulsives in glands liable easily to become inflamed.

6. *Derivation by issues.*—This is especially indicated in those forms of ophthalmia, in which opacity of the vitreous humor is a common result, as hyaloiditis, keratitis, iritis, uvitis, and periphakitis. In such into an issue opened in front of the ear or on the temple, a little powder of equal parts of salt and borax may be placed several times in a day, and forms a powerful adjuvant to antipholgistics.

7. *Revulsion on the joints* is a powerful adjuvant in persons who have already suffered from gout or rheumatism, or who by age or constitution seem especially predisposed to them, the joints being covered by flying blisters, or strong sinapisms. Dr. Langenbeck has frequently had recourse to this means prior to operations for cataract or artificial pupil, in order to prevent subsequent inflammations in such subjects.

8. *Bleeding,* whether local or general, is usually useless in superficial inflammations of the eye, unless they acquire great intensity, and threaten to implicate the deeper structures, when small general bleedings or leeches are necessary. In children even, bleeding from one to three oz. is usually better than leeches, which when used should not be applied to the cheeks, temples, or mastoid processes. where they may even do mischief, but at a distance, and especially along the course of the carotids.

9. *Local application of cold.*—Upon this subject Dr. Langenbeck offers some very minute directions, not only in respect to the cases to be chosen for its use, but its mode of application. He observes that in many cases wherein cold is useful, wet is mischievous, and in others, where this is not the case, it becomes so through faulty management. If merely permanent cold is required, he employs hollow horn rings, into which pieces of ice wrapped up in rag are introduced, which are replaced, when melted, by other pieces. When applied, the apparatus looks like a monster pair of spectacles, and is large enough to be supported on the orbit without compressing the globe of the eye at all. A piece of sponge is laid on the cheek to receive the fluid as it melts. Another plan of producing great cold, to which he gives a preference, is to place the patient on his back, with his eyes shut, and having deposited a small portion of a powder, formed of equal parts of nitre and sal ammoniac, in the inner angle of the eye, to allow water to fall on it in *guttatim* until it is dissolved; the fluid so formed may be retained on the eye until heated, and then renewed.—The author attributes the production of the good results which follow this plan, not only to the intense cold which is produced, but to the antiphlogistic effect of the salts which gain admission into the eye, on the partial opening of the eyelid. Repetition of this from four to eight times, at intervals of from ten to twenty minutes, is equivalent to glacial applications for twenty-four or forty-eight hours ; and, indeed, the two, if necessary, may be combined. Persons who have no assistance may manage the powder by enclosing a certain quantity in linen rags, and moistening it. So, too, glass globules may be filled with ice or this refrigerant.

As a general rule, the local use of cold is proper in all cases which are not dependent upon evident constitutional cause or dyscrasis.—Certain exceptions to this, however, must be observed; as—1. When inflammation of the fibrous textures of the eye has extended to expansions of the motor apparatus of the globe. Recent *rheumatic* ophthalmia is, however benefitted by cold affusions, lasting from three to ten minutes, and chronic cases by dry cold. 2. In *erysipelatous* inflammations, cold affusion is interdicted. The temporary application of dry cold, and the covering up the forehead and cheek with taffetas induces active transpiration. 3. *Blennorrhœal* inflammations are not dangerous to the internal structure of the eye in general, only inasmuch as the cornea becomes injured by the irritating discharges; and it is chiefly for the purpose of cleansing these from it, that washes are resorted to. In *acute ophthalmia of infants*, the author opens the eye every ten minutes, and inserts a piece of ice within, or a few drops of concentrated solution of alum and tannin; and however long the disease may last, no injury will accrue to the cornea if the discharge is removed as fast as formed by cold water. 4. Chronic ophthalmias, and especially in the aged, are far more favorably influenced by the use of cold from time to time than by its continuous use, the dilated vessels and exudations being thus more advantageously modified; and exudations are sometimes much influenced by sudden douches propelled with force, even if composed of warm water. These form, too, one of the best stimulants in nervous affections of the eye.

A second general rule is, that in the treatment of all ophthalmias, dependent on a constitutional cause, but not on a dyscrasis or cachæmia, (as hæmorrhoidal, menstrual, abdominal ophthalmias,) the local use of cold, applied as energetically as possible, is the best means. If severe, the douche may be continued for six or eight hours. It is especially when there is a varicose state of the vessels of the eye left, or that engorgement of the choriod accompanies conjunctivitis, that these douches are so useful. So in a tonic injection of the conjunctiva, especially the palpebral, the douche, repeated several times daily, is far more useful than any astringent injection.

A third rule is that in ophthalmia, seated on a tissue in a state of dyscrasis from evident alteration of the blood, whether it is a mere local symptom of such altered condition, or whether it has been induced by external agency, dry permanent cold, not moist cold, which would favor softening of the cornea, is indicated.—[*Annals d' Oculistique. Med. Chi. Rev.*

Editorial and Miscellany.

The American Medical Association.

It would afford us pleasure to lay before our readers, the proceedings of this highly respectable and enlightened body in full, and to urge upon our brethren of the West, the importance of a participation in the great work which it seeks to perform, but our space does not permit. We are able only to present a brief synopsis of same of the most important transactions.

Its deliberations, like those of all voluntary associations of men, are liable to fluctuate, and its recommendations may not, at once, receive that cordial response,—even from those who assist in putting them forth, which will realize their benefits to the American profession, yet the ultimate influence of this organization in exalting the position of our science, cannot be doubted. There are no abuses incident to any department of human affairs, to which a corrective is not to be found, and all revolutions in politics, religion or philosophy, whatever agency history may assign to the sword, have been achieved and permanently established through the operation of reason and intelligence; the mere exercise of *power* has never contributed to the moral or intellectual elevation of men. The Royal College of Physicians in London, possessed, nearly two hundred years ago, those plenary powers, which enabled them to inflict bodily punishment for infractions upon the dignity or ethics of the medical profession, but no one will deny, that a more degraded or pusillanimous association of men never existed. For an hundred years, their proceedings were sordid and arbitrary, and their privileges were purchased with gold. It was not until the reign of true philosophy commenced—when the universal British profession became associated in the great work of redeeming the science, that English Medicine and Surgery entered upon its truly glorious, useful and brilliant career.

It will be admitted by every medical gentleman, who has the good of his profession at heart, that much is yet to be done to establish the true dignity and develope the usefulness of medical science in the United States. No plan has ever been adopted, which is so likely to accomplish this object, as the annual convocation of intelligent physicians from every portion of our wide-spread country; the princple is in accordance with the spirit of our institutions—with the national character of our people, and it only remains for this body to exhibit the necessary moral courage in its transactions, to realize the benefits of its desired reforms, to the profession of the United States. No one can deny that the principles upon which the American Medical Asso-

ciation is organized, favor the accumulation of a moral power, more potent for good, than the Charter of Kings, or any acts of legislation, and if *expediency, partiality, reverence for names,* and the disposition to *compromise the demands of truth and justice,* are excluded from its deliberations, the profession of America will rise in power, and dignity, and science, to a position which will command the admiration of the world.

The following addresses and responses by officers of the Association, will exhibit the feeling which prevailed at the last meeting.

The Delegates being seated, the Committee of reception advanced, and through their Chairman, Dr. T. Y. Simons, addressed the President and members in the following terms:

Mr. President and Gentlemen:

It is my pleasing and honorable duty, as Chairman of a Committee representing the South Carolina Medical Association, to express to you the high appreciation of your acceptance of the invitation of that body, and gratification in beholding so many of our medical brethren of every section of the Union, assembled in Charleston, the ancient metropolis of South Carolina, and to tender to you, with the deepest emotions, our most heartfelt welcome.

We will cheerfully unite with you in all efforts to elevate the moral and intellectual excellence of our profession, and promote the cause of science and humanity, but beyond this we desire to extend to you, individually and collectively, all the social hospitalities of which we are susceptible.

The assembly of so large a number of medical gentlemen from all parts of the Union, holding eminent positions in the profession, coming in many instances from a great distance, at considerable expense, inconvenience and personal sacrifice, for the promotion of medical improvement, and thus likewise subserving the cause of science and humanity, is, in my opinion, a sublime spectacle. We seek no honors nor trophies; we crave no ambition, pomp, or self-aggrandisement; we desire only, and if we succeed the reward is ample, to do good to mankind. We unite with you as brothers, in those noble and benevolent efforts, and we invoke, on this solemn occasion, the blessings of the Great Supreme.

Mr. President and gentlemen, I shall not detain you, except again to repeat, that with our warmest feelings we bid you a most hearty welcome.

To which Dr. Mussey replied substantially as follows:

Mr. Chairman and Gentlemen of the Committee:

It is with no ordinary feelings that I respond in behalf of the American Medical Association, and express our gratification at your warm and hospitable reception.

Charleston has long been renowned for the hospitality of her citizens and the enlightened character of her physicians, both as regards moral and intellectual endowments. High, however, as she stood, I

was not aware until I arrived here, that the Medical Society of South Carolina was the first body that proposed that means should be adopted for the improvement of medical education. I now, Mr. Chairman, return to you our thanks for your kind, and hospitable and warm reception, and feel confident that we will harmoniously unite in the promotion of the grand objects of the Association.

The Committee on Nominations having reported through their chairman, suitable candidates for the officers of the Association for the ensuing year, the same was confirmed, and Dr. James Moultrie of South Carolina, was declared President of the Association.

The President elect then took the chair, and returned thanks for the honor thus conferred upon him, in the following terms:

Gentlemen of the Association:

I know not, in what terms, suitably to express my sincere acknowledgments for this unlooked for manifestation of appreciation and kindness.

When I look around, and recognize the many superior intellects and higher professional acquirements by which I am surrounded, I feel that I am about to occupy a position which more rightfully belongs to another.

But if a life devoted to the interests of the profession, and the promotion of the objects for which this institution is founded, give me any claim to consideration, I have the assurance that the mantle of my illustrious predecessors may not be unworthily or ungracefully worn.

In the language of the first of them, I have ever "loved my professio;" nay more, I am proud of it. I have loved it for its sympathies and suavities; its benignities and charities; its activities and self-sacrifices; for the boundless scope of knowledge which is opened before it; its disinterested pursuit of the true, the beautiful the good; the exalted mission which has been appointed to it on earth; and the universal appreciation in which it is held, and confidence reposed in it, by mankind; and I am proud of it, not alone for what has thus been adverted to, but for its habitual singleness of purpose; its almost immunity from prison discipline; the little notoriety it enjoys in the statistics of crime; and the little trouble it has given to the tribunals of justice, or of civil jurisprudence.

Never, however, have I been so proud of it, as when, four years ago, I enjoyed the gratification of meeting so large an assemblage, in the city of "Brotherly Love," characterized by so much intelligence, so much urbanity, so much dignity, and so much condescension; convened for the purpose of systematizing the principles of professional prosperity, and cultivating those habits of social harmony, the practices of which have immemorially obtained for it the definite epithet of "the paternity;" or when, two years afterwards, at the modern abode of the "Humanities," its labors of usefulness and love were renewed, amidst the outpouring of hospitalities, which could only have issued from heads and hearts the most highly cultivated and refined.

The accidents of life, and the visitations of Providence, which come unto all of us in turn, I have to regret, denied me the gratification of

being also present, on the intermediate occasions, in the great valley of the Mississippi, and the commercial emporium of the Chesapeake.

For the privilege, as well as the distinction, of presiding over a body constituted of such elements, I am profoundly grateful. I thank you, gentlemen, again and again ; and when our present labors shall have closed, and we shall have once more reached our respective homes, I hope we shall be able to realize in our experience, that "it was good for us," in like manner, "to have been here."

After the transaction of considerable business, Dr. Jones, of N. C., offered the following resolution :

Resolved,, That all the Medical Colleges in the United States are hereby earnestly and respectfully requested to hold a Convention, through delegates respectively chosen by them, at least once in every six years, to take into consideration the proper method of harmoniously elevating the standard of Medical Education in said Colleges.

The Association then occupied itself in attention to the various reports from the Standing Committees, after which the following report by Dr. Wood, of Pa., from a Special Committee, to whom was referred the subject of arranging a plan of Committees for future action, in place of the Standing Committees which had been abolished by the Association, was read and adopted.

It appears to them that the most feasible plan of accomplishing the objects of the Association, is to select certain subjects, which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next. Such a selection the Committee have accordingly made, and will offer to the consideration of the Association.

As an additional means of securing valuable contributions, they propose also, the appointment of a committee, whose business it shall be, in the interval between this and the next session, to receive original volunteer papers, upon any subjects which their authors may choose; to decide upon the merits of these papers; and to present to the Association, at its next session, such of them as they may deem worthy of receiving this direction. With a view to increase competition, they think it advisable that a prize of fifty dollars, or a gold medal of that value, be awarded to each of the five papers presented to the Association, or any smaller number of them, which the committee may consider most meritorious, and the Association may resolve to publish.

In reference to the resolution presented in the report of the Standing Committee, on Medical Literature, and referred to the present committee, they have only to observe that, as its ends will probably be most effectively obtained by the adoption of the general plan, which they have already brought before the notice of the Association, they do not consider it expedient to make any further report.

As to the appointment of the Special Committees referred to, your committee think that the most convenient plan will be to refer to a

Special Committee, the nomination of a chairman for each, who shall then select, at his convenience, two individuals to aid him, with the restriction only, that the persons so selected shall be members of the Association.

To the same Nominating Committee may be referred the appointment of the General Committee, whose business will be to receive and judge of volunteer papers. As the members of this General Committee must frequently compare opinions, it will be desirable that they should reside near each other; and it is accordingly proposed that they should be chosen from one neighborhood. If the plan be found to work well, this locality may be changed every year, so that each section of the Union may, in its turn, be charged with this duty. The committee would suggest that the General Committee should be first chosen from members of the Association, residing in Boston or its neighborhood, as the most northern point.

To embody these suggestions in due form, the Committee offer the following resolution:

Resolved, That committees of three be appointed to investigate and report severally on the following subjects:

1st. Causes of the Tubercular diathesis—Dr. D. F. Condie, Pa.
2d. Blending and conversion of the types of fever—Dr. S. Dickson, S. C.
3d. The mutual relations of Yellow Fever and Bilious Remittent Fever—Dr. James Jones, N. C.
4th. Epidemic Erysipelas—Dr. J. B. Johnson, St. Louis.
5th. Acute and Chronic diseases of the Neck and Uterus—Dr. Meigs, Pa.
6th. Dengue—J. P. Jervy, S. C.
7th. The Milk Sickness, so called—Dr. Drake, Ky.
8th. Endemic prevalence of Tetanus—Dr. Lopez, Ala.
9th. Diseases of Parasitic origin—Geo. B. Wood, Pa.
10th. Physiological peculiarities and diseases of the negroes—Dr. Arnold, Ga.
11th. The action of water on lead pipes, and the diseases which proceed from it—Dr. Adams, Mass.
12th. The alkaloids which may be substituted for quinia—Dr. Carson, Pa.
13th. Permanent cure of reducible hernia—Dr. George Hayward, Mass.
14th. Result of surgical operations for the relief of malignant diseases—Dr. Gross, Ky.
15th. Statistics of operations for the removal of stone in the bladder—Dr. Jas. R. Wood, N. Y.
16th. Cold water dressings—Dr. Pope, Mo.
17th. The sanitary principles applicable to the construction of dwellings—Dr. A. H. Stevens, N. Y.
18th. The toxicological and medicinal properties of our cryptogamia—Dr. Porcher, S. C.
19th. Agency of the refrigeration produced through the upward radiation of heat as an exciting cause of disease—Dr. G. Emerson, Pa.

20th. Epidemic diseases of New England and New York—Dr. Hooker, Conn.
21st. Epidemic diseases of Pennsylvania, New Jersey, Delaware and Maryland—Dr. John L. Atlee, Pa.
22d. Epidemic diseases of Virginia and North Carolina—Dr. Haxall, Va.
23d. Epidemic diseases of South Carolina, Georgia, Florida and Alabama—Dr. Bowling, Ala.
24th. Epidemic diseases of Mississippi, Louisiana, Texas and Arkansas—Dr. Barton, La.
25th. Epidemic diseases of Tennessee and Kentucky—Dr. Sutton, Ky.
26th. Epidemic diseases of Missouri, Illinois, Iowa and Wisconsin—Dr. Reyburn, Mo.
27th. Epidemic diseases of Indiania, Ohio and Michigan—Dr. Mendenhall, O.

To economise space, we have appended the names of the gentlemen who were subsequently appointed as chairmen of the several committees, suggested in the report.

Dr. Drake offered the following resolution, which was adopted:

Resolved, That in the opinion of this Association, the students of our schools should be required to matriculate within the first days after the opening of the sessions, and continue their attendance to the end of the term, taking with them evidence of the same, to be presented with tickets of the Professors when they become candidates for Degrees.

The Secretary read a protest from the Iowa University against the representation of the Rush Medical College in this Association.

Upon this part of the proceedings the North-Western Medical and Surgical Journal, the organ of the Rush Faculty, makes the following remarks:

"This protest was made on the ground that Rush Medical College reduced the fees for tuition, as it asserted to the injury of neighboring schools.

"We are informed by Prof. Davis, who was present when it was presented, that there was a pretty general and free expression of opinion that it was a matter with which the Association could have nothing to do; yet to dispose of the thing for the time, it was referred, and rests in the hands of the committee until next year."

But the feeling of the Association, as indicated by the published proceedings in the same Journal, does not coincide with these remarks.

It will be seen, that,

"Dr. Jervey, of South Carolina, moved that the protest be referred to a select committee. This motion was discussed by Drs. Huston, of Penn.; Grimshaw, of Delaware; Gaillard, of S. C.; Wood, of Pa.; Adams, of Mass.; Emerson, of Penn.; and finally withdrawn.

"Dr. Wood, of Penn., then moved to refer the protest to the Committee on the Organization of the Association, appointed under Dr. Wood's Reselution. This motion was seconded by Dr. Huston, and adopted."

Now, if it was the opinion with those present, "that it was a matter with which the Association could have nothing to do," why did it occupy so much time, why was it discussed by so many eminent gentlemen, and why finally made a part of the regular business of the Association, by being referred to a committee for future action? The Association would not transcend its powers by making this protest a subject of legitimate consideration if it was the *general* opinion that they could have nothing to do with it.

The truth is, this learned and intelligent body, whose motives we have always regarded as the most pure and elevated, which can influence the conduct of men, regard with disapprobation this underbidding system of the Chicago School. Extensive consideration of this subject has failed to discover any other motive for the adoption of this policy than the one we have always attributed to them, (which they have not denied,) and the universal sentiment of the profession, as far as we have become familiar with its expression, is in reprobation of the policy of that School.

It is quite obvious, that in regard to the regulations required, on the part of the American Medical Association, for the correction of this abuse, there may be some difficulty and honest difference of opinion; but there can be no doubt as to the propriety of doing something, and this appreciation is indicated by the proceedings of the Association. We have been informed by distinguished members of the American Medical Association, that there was a "*very general* expression of regret that a respectable Medical College, had, in opposition to professional sentiment, adopted such a policy," and that if there was any appropriate manner in which its disapprobation could be expressed, that would correct the evil, it would undoubtedly be done. But we are glad the Association has indicated a determination to act upon the matter at all. We recognize in this action the performance of a duty, which we have been urging for a year past, and this recognition has maintained the position of the Medical Department of the Iowa University upon the old basis of fees. As the humble representative of this growing and prosperous Institution, now made permanent by the bountiful provision of a rising Commonwealth, we shall maintain an attitude of hostility to all innovations in the profession, the legitimate end of which can only be established upon the depreciation or ruin of honorable and respectable Institutions. To this object we have con-

secrated our very humble abilities, and with whatever speech we can utter, we will unfold the truth and plead our cause at Richmond another year.

The following are the officers for the ensuing year:

President—James Moultrie, South Carolina.

Vice Presidents—G. Hayward, Mass.; R. D. Arnold, Ga.; B. R. Welford, Va.; J. B. Flint, Ky.

Secretaries—H. W. DeSaussure, S. C.; P. C. Gooch, Va.

Treasurer—Isaac Hays, Pennsylvania.

The next meeting of the Association will be held at Richmond, Va., commencing on the first Tuesday in May, 1852.

Publications Received.

Experimental Researches illustrative of the Functional Oneness, Unity and diffusion of Nervous Action. In opposition to the Anatomical assumption of four sets of Nerves, and a fourfold set of Functions and transmitted impressions. With a brief exposition of the phylosophy of Vivisection and of Sensation. By Bennett Dowler, M. D. &c.

The perusal of this pamphlet has given us the highest degree of pleasure, both on account of the great importance of the subject discussed by Dr. D., and the energy and spirit which he has brought to the task. It certainly requires a large amount of intellectual courage thus to enter the arena of dispute in opposition to what are regarded as the best established physiological doctrines of the present day, and to abjure the authority of such men as Sir Charles Bell, Marshall Hall, Muller, Magendie, and many others, who upon the sure foundation of approved experiment and induction, have seemed to establish the vital laws of the nervous system. But Dr. Dowler has not taken his position in opposition to the prevailing doctrine, without due appreciation of its importance. He has performed numerous experiments upon the great Saurian of the South, in a manner for which he claims peculiar excellence, and with an industry and patience compatible with the demands of the true inductive philosophy; and armed in this panoply, he boldly declares what he believes to be the truth.

The best living writer of the English language has said, that "there is scarcely a delusion which has a better claim to be indulgently treated than that, under the influence of which a man ascribes every excellence to those who have left imperishable monuments to their genius;" and hence, if many gentlemen in our profession, whose enthusiastic investigations in neurological dynamics, have been guided by

the labors and genius of the illustrious names we have mentioned, should not for a time acquiesce in Dr. Dowler's conclusions, it is no good reason for discouragement. We have flattered ourself that no undue reverence for established authority, would close our mind against the appeals of truth. But whilst this influence should be carefully excluded in making up our estimates of the value and utility of a work, it is equally necessary that we should not be influenced by that love of novelty which so often sways the judgment. Uncontrolled by either of these extremes, we sat down to the perusal of Dr. Dowler's pamphlet, and we are free to say, that it produced a deep impression upon our mind ; not as establishing, without question, every proposition assumed by Dr. D., but as pointing out a new path of investigation for future observers, which may lead to a satisfactory modification in this interesting department of science. The accredited doctrines relative to the functions of the nervous system, are based upon an extensive series of experiments, carefully and patiently performed by some of the best anatomists and physiologists who have ever lived; and, although it must be acknowledged that the genius of man has seemed incompetent to solve the entire mystery of this portion of the living frame, these experiments and the legitimate inferences deducible from them, have led to the establishment of pathological truths, which have quadrupled the power of the intelligent physician in his struggle with disease. Having thus enjoyed the *fruits* of the prevailing system, and made it the basis of study and reflection upon the principles of the science, as well as of confidence in its practical application, the cautious physician will naturally pause before adopting an opposite and revolutionary doctrine, which is supported by a limited scope of experiment.

But Dr. Dowler has the strongest of all inducements to prosecute his interesting enquiry, viz: the eclectic spirit of the age, nowhere more fully seen and exercised than in the ranks of our profession. Noble as it is amongst the professions cultivated by mankind, when estimated by its practical results, it excels them all in its zealous pursuit, early discrimination and vigorous adoption of truth ; and we have no doubt that when Dr. Dowler shall have extended his experiments, and elaborated more fully his views drawn therefrom, the medical profession will be ready to give them the recognition and award which they may merit.

In addition to these remarks upon the general subject of Dr. Dowler's pamphlet, it would afford us pleasure to examine some of his specific propositions ; especially that one wherein he discards the idea of Sir Charles Bell's discovery of a difference between *motiferous* and

sensiferous nerves, based upon anatomical considerations; but our limits do not admit of an extended discussion of this kind. It has always been admitted, we believe, that one source of evidence in determining the function of particular nerves, is to be drawn from their *anatomical distribution*, (not a structural distinction). If a nerve, as remarked by Dr. Carpenter, be found to lose itself entirely in the substance of muscles, it may be inferred to be motor or efferent, and the conclusion of Willis, on this ground that the third, fourth, portio-dura of the seventh, and ninth cranial nerves were subservient to muscular motion alone, seems reasonable. On the other hand, where a nerve passes through the muscles, with little or no ramification among them, and proceeds to a cutaneous or mucous surface on which its branches are minutely distributed, there is reason to believe that it is of a *sensory* or *afferent* character. In explaining impressions of a *special* kind, Dr D. will certainly admit, that anatomical distribution may be made subservient; as the Schneiderian membrane, the retina, or membrane lining the internal ear. If it is admitted that in these cases the nerves perform a *special* function, and that they do not possess *common* sensibility, it may create a doubt as to the "oneness and unity" of nervous action in other portions of the body.

Transactions of the New York Academy of Medicine. From the Academy.

This neat little volume, printed for the Academy, contains eleven original and highly interesting contributions. Four of these papers are from the pen of the great American Surgeon, Dr. Mott, and relate to important subjects in the department of Surgery. There is no language that so well expresses the value of these papers as the simple announcement that Valentine Mott is the author. Two papers are from the pen of Dr. Van Buren, whom we regard as the best Surgeon of his age, on this continent. Dr. Earle's Historal Sketch of the Institutions for the Insane in the United States, is very well written, and contains many interesting items with which we have not before met. Other valuable papers from Drs. Gardner, Smith of Texas, Buck and Metcalfe. complete a volume which is highly creditable to the Academy, and useful to the professional reader.

A New Sign Language for Deaf Mutes. Being a Thesis for the Degree of Doctor in Medicine. Presented and sustained before the Medical Department of the University of Buffalo. By Albert J. Myer.

The suggestions of Dr. Myer, contained in the thesis referred to, are of an interesting, and we believe valuable character. Every

effort which may ameliorate the condition of the unfortunate mute, or the still more unfortunate blind, deserves encouragement, and as Dr. Myer's theory seems plausible, and promises to facilitate the social and intellectual intercourse of one of these unhappy classes of our fellow beings, we hope his views will receive further attention and secure a practical investigation. Dr. M. proposes to use the telegraphic alphabet in the new sign language, and asserts that "the plan is at least plausible. Older heads than mine have deemed it possible. When every day's press brings its story of the practice, so far carried out that even the shrieks of a steam whistle have conveyed information, it is surely not chimerical to imagine that similar principles might be made available in the conversation of rational beings."

It is the legitimate source of pride to the physician, that so many of the great benevolent achievements of the present day, emanate from the zealous cultivators of our science.

A short History of Medicine, from the earliest period up to the revival of Literature. An Introductory Lecture delivered in the Philadelphia College of Medicine. By James Bryan, M. D., Professor of Institutes and Medical Jurisprudence.

This Lecture is written in a pleasing and vigorous style, and abounds with graphic notices of the progress of the healing art, from the earliest periods of its history. Professor Bryan is one of the most accomplished medical scholars of our country, and the vigorous imagery he has infused into this lecture, and his eloquent eulogy upon the illustrious names which crowd the annals of our art, was well calculated to awaken the pride, and stimulate the energy of his auditory. Prof. B. is one of a corpse of teachers who have placed the Philadelphia College of Medicine in the front rank of the medical institutions of our country.

Dr. P. C. Gooch, Editor of the Stethescope and Virginia Medical Gazette, will please accept our thanks for extra sheets of his Journal containing the proceedings of the American Medical Association.

Our subscribers are reminded, that with the next number, terminates the first volume of our Journal. We earnestly urge our friends to renew their subscription, and to obtain for us, when convenient, additional subscribers. We have now a travelling agent in Missouri and Illinois—Mr. B. F. Keables—whom we commend to the favorable attention of the profession.

METEOROLOGICAL REGISTER FOR JUNE, 1851.

PREPARED BY JACOB RUMMEL, ESQ.

Fahrenht's Thermom'tr.					Winds.		Character of Weather.		
Date.	6 A. M.	12 M.	6 P. M.	Mean Temperature.	Course.	Velocity	A. M.	P. M.	Quantity of Rain & Snow
1	69	78	76	$73\frac{1}{8}$	N. W.	Fresh	Fair	Fair	
2	62	66	60	$63\frac{1}{3}$	W.	"	"	Cloudy	Rain $1\frac{1}{4}$ in.
3	66	74	68	$51\frac{1}{3}$	N. E.	Mild.	Cloudy	"	
4	58	60	60	60	W.	Brisk	"	"	Rain $1\frac{1}{4}$ in.
5	66	72	78	$55\frac{1}{3}$	"	"	"	"	
6	70	80	77	$75\frac{1}{2}$	S. W.	"	Fair	Fair	Rain $\frac{7}{8}$ in.
7	69	78	78	$79\frac{7}{8}$	W.	Fresh	"	"	
8	68	76	62	67	"	Brisk	"	"	
9	58	70	60	64	"	"	"	"	
10	66	75	69	$69\frac{2}{3}$	"	"	"	"	
11	64	70	68	$67\frac{1}{8}$	N. W.	Fresh	"	Cloudy	Rain $\frac{1}{8}$ in.
12	63	69	67	$65\frac{1}{8}$	S. W.	Mild.	Cloudy	"	Rain 3 in.,
13	66	82	76	$74\frac{1}{2}$	S.	"	"	Fair	Rain $\frac{3}{4}$ in.
14	64	70	72	$68\frac{7}{8}$	"	"	"	Cloudy	Rain $\frac{1}{2}$ in.
15	65	74	72	$70\frac{7}{8}$	E.	Brisk	"	"	Rain 2 in.
16	68	76	71	$71\frac{2}{3}$	"	"	"	"	
17	68	80	78	76	S. E.	Mild.	"	"	
18	72	82	79	77	W.	"	Fair	Fair	
19	72	76	74	$75\frac{2}{3}$	S. W.	"	Cloudy	Cloudy	
20	72	80	78	$76\frac{1}{2}$	W.	"	"	Fair	Rain 1 in.
21	70	76	76	$71\frac{1}{8}$	"	Fresh	Fair	Cloudy	Rain $1\frac{1}{2}$ in.
22	69	74	72	$69\frac{1}{2}$	"	"	"	Fair	
23	66	76	70	70	"	Mild	"	"	
24	68	82	78	$76\frac{2}{3}$	"	"	"	"	
25	72	78	80	$76\frac{2}{3}$	N. W.	"	"	Cloudy	Rain $1\frac{1}{2}$ in.
26	73	85	84	$80\frac{1}{2}$	S. W.	Violent	"	Fair	Rain $1\frac{3}{4}$ in.
27	72	82	80	$78\frac{2}{3}$	W.	Mild	Cloudy	Cloudy	
28	76	72	70	$69\frac{7}{8}$	N. W.	Fresh	Fair	Fair	Rain 2 in.
29	68	72	62	$65\frac{1}{3}$	"	Brisk	"	"	
30	56	68	70	$66\frac{1}{3}$	W.	"	Cloudy	Fair	

NOTES.

Mean temperature for the month, $70\frac{1}{8}°$. Clear days 15. Cloudy, 10. Variable, 5. Rain during the month, $16\frac{3}{4}$ inches.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. I. KEOKUK, IOWA, AUGUST, 1851. No. 12.

6239

ART. I.—*Surgical uses of Cold Water with Cases.* By J. F. SANFORD, M. D., Professor of Surgery in the College of Physicians and Surgeons of the Iowa University.

Having been prevented by a combination of circumstances from continuing our article on the surgical uses of water, in the July number of the Journal, we will now report in the way of a *resume*, a few additional cases in illustration of its effects. The cases heretofore related, show the influence of this agent upon most injuries inflicted by mechanical means, where, from the direct lesion of tissue to a considerable extent, inflammation is inevitable, and where from this knowledge we are enabled to employ it as a prophylactic. But it is no less efficacious as a surgical dressing, in fulfilling an antiphlogistic intention, in cases of idiopathic inflammation, and that variety of the inflammatory process caused by chemical or vital irritants. We have before alluded to the *rationale* of its operation, in the fulfilment of this purpose, and need not therefore repeat our remarks. In the treatment of inflammation, it is obviously necessary to subdue the increased heat of the part, to promote contractility or constringement of the tissues implicated, and thus direct a repercussive influence upon the blood; and no one who has observed this effect of cold water in the treatment of hæmorrhages, and in the rapid abstraction of morbid heat, will question its applicability to the treatment of cases now to be enumerated.

Ulcers. There are two varieties of this disagreeable and often ob-

stinate disease, to which the cold water dressing is especially applicable, viz: the *inflamed* and the *irritable* ulcer; the first presenting evidences of exalted vascular action in the part, the second of increased nervous irritability. The inflamed ulcer is very frequently met with, and may be of primary or secondary occurrence. In either case the usual phenomena of the inflammatory process are present and serve to distinguish it from numerous members of the same family. The margins of the sore are red, swollen, hot, painful and tense, and the surrounding parts are, to a greater or less extent, in the same condition. A pendent position of the diseased part, or motion increases the pain. The system sometimes sympathises and we have febrile excitement.

Patrick Newlan came to me with a large sore of this kind, situated on the anterior part of the left thigh, presenting the symptoms above described. It followed a common boil of a very painful character, which made its appearance, without any appreciable cause, about the middle of last January. There had never been any tendency to heal, when he came to me, the first of July, but the sore seemed gradually to extend, without any abatement of the inflammation. Patrick's habits are somewhat irregular and the constitutional energy considerably impaired. A comfortable place was provided for him, and he was put upon the use of saline laxatives for a few days. The application of a cold water cataplasm was then commenced, and continued without intermission for four days. At the expiration of this time the sore presented a much better appearance. The application was resumed and quietude enjoined for three days, when the part was again examined, and found to be perfectly free from heat, swelling and pain. The surrounding integuments presented a blanched and corrugated appearance, and reparation was evidently going on in the sore. A roller was now applied from the toes to the trochanter, and in three weeks the sore had firmly and permanently healed. Constitutional treatment, together with the roller and various local applications had been previously used without any benefit.

Not less marked, is the favorable influence of the cold water dressing upon parts where the burden of disease is sustained by the nervous system. I have seen a neuralgic affection of great intensity, relieved in a few hours by the diligent application of cold water, and numerous medical gentlemen have attested the efficacy of its application to the spine in tetanic contractions of the muscles. *It seems to possess the power of abstracting or reducing an excess of nervous irritability.* In the irritable ulcer, this pathological element is distinctly apparent.

Elizabeth Carter came to me sometime in June last, with an exten-

sive superficial ulcer on the left forearm, presenting the following character. The surface of the sore was unequal, and of a dark fleshy hue; the edges were thin, irregular and everted. *Pain was constant, frequently almost insupportable,* the surface acutely sensitive, and a peculiar burning, pungent pain followed the slightest manipulation. Her system was very irritable, and she was much reduced. The sore had followed a scald with hot coffee a year before I saw her, and a great variety of means had been used without success. The minute details of treatment need not be given. She was put upon the extract of conii three times daily, a Dover's powder at night, and a cold water cataplasm to the ulcer. The pain of the sore and constitutional irritability was entirely relieved in two days. On the eighth day, the water dressing was suspended, the sore having undergone an entire change in its character; the roller was accurately applied from the fingers to the shoulder, and in four weeks she was well. The cicatrix was depressed and firm, and there has been no relapse.

Burns. We should allude briefly to the value of cold water in recent burns. The discovery of its efficacy in these cases, is certainly not due to any *accidental* circumstances. The instinct of the sufferer points him to this resort as the source of the most prompt relief, and ample experience fully proves, that nothing is better in this painful class of injuries, than the instant immersion of the injured part in cold water. There it should be retained for hours—the temperature of the water being kept low—until the heat and pain are permanently mitigated, and until such an influence is maintained upon the vascular tissue of the part, as will hold the inflammatory process in abeyance. In slight burns, inflammation may not supervene, in severe cases it will be less violent than it otherwise would have been.

Catherine Klaff, aged 6 years, fell upon the fire and sustained an extensive burn of the right arm. The injured surface extended from two inches above the elbow to the ends of the fingers She was recovered from the fire instantly by her mother, who snatched a bucket of water and immersed her arm in it, until she could obtain a physician. This hushed her screams immediately, and she continued in a tranquil state until I saw her, two hours after the accident. I ordered the cold water continued—with frequent changing to keep the temperature low—for twenty-four hours. At the expiration of this time, there being no pain in the part, even when it was removed from the water for thirty minutes, and presuming the desired indication was sufficiently fulfilled, I coated the part well with collodion. This was done to protect a weak and injured surface from the irritating influence of the atmospheric air, which I will remark, is necessury in

all cases. This child suffered no pain subsequent to the application of cold water. Her recovery, which went on without a bad symptom, was complete in ten days.

Stings of Insects, are immediately relieved by the application of cold water. Although this class of poisoned wounds ordinarily requires but little of the surgeon's attention, we have known cases in which the most serious results have supervened upon their infliction. This may be the case in irritable or weakly persons or children, or where the number of stings is very great. We once saw a case in which diffuse infiltration of pus about the neck and thorax, followed the sting of a great number of *yellow-jackets.* Cold water will always relieve pain and prevent these bad results. We sometimes add common salt or nitre to reduce the temperature.

Paronychia. The excellent paper of Dr. Lowe, on this interesting subject, in the last number of this Journal, contains some remarks concerning the pathology of several varieties of this disease, and the treatment there recommended, is the best, in our opinion, which can be adopted; but we have often seen these affections promptly yield, in their early stages, to the continued use of cold water. The finger immersed for several hours in water at a low temperaure, is reduced in size, shrivelled in appearance, its soft tissues having been much condensed. This astringent action upon the blood vessels and areolar texture of the part must prevent the influx of blood into it, and interrupt the inflammatory action. If it can be maintained, by the diligent application of the cold water cataplasm, the temperature of which is kept very low by some saline or evaporating liquid, it is not difficult to appreciate the manner in which it will prevent the painful and disastrous results which follow paronychia. We have the utmost faith in the efficacy of the nitrate of silver in paronychia, but our experience with cold water is such, that we scarce know which has the most merit as a curative agent.

Ophthalmic Affections. There is, perhaps, no class of inflammatory affections, in which the judicious application of cold water is so beneficial as those to which the eye is subject. The universal resort to this application in diseases of the eye, as well with experienced oculists, as with the profession generally, rests upon its superiority as a remedial agent. But it must be remembered, that a very accurate discrimination of the morbid condition, is necessary to justify a resort to it in ophthalmic inflammation. There is that kind of modification of morbid action in the ocular tissues, which, with the frequent dependence of these diseases upon constitutional causes, often disappoints our expectations of the effects of cold water as a local applica-

tion; nevertheless, under proper regulations it is one of the most valuable remedial agents which we can employ. Having in the last number of the Journal, published some excellent rules by Professor Langenbeck, relative to the treatment of ophthalmic affections in general, we need not now indicate every case to which it is applicable. Suffice it to say, that these cases afford no general exception to its powers as a repercussive, and an abater of inflammation.

Paraphymosis. Thos. H. aged 10 years, was brought to me, June 6th, laboring under this painful condition. The constriction seemed very tight, and the glans was so greatly swollen and tender as to preclude the possibility of reducing it by a simple manipulation. Without, therefore, attempting this, we directed a stream of cold water to be steadily directed upon the glans, with the view of diminishing its bulk, so as to permit the prepuce to be drawn forward. This effect was realized in less than an hour, the parts were placed in their normal relation, and the patient suffered no subsequent inconvenience.

We have thus attempted to lay before our readers, some cases and remarks, illustrative of the high value of cold water, as a surgical agent. We do not pretend to have fully presented its claims in this respect, for this would require more time, and much more space, than we can now allot to any one subject. Our principal object has been to direct the attention of our Western brethren—especially those who may not be conversant with recent improvements and changes in medical surgery—to an agent, which under the direction of the highest authority, has given our modern surgical dressings their present delightful and efficient simplicity. Their immense superiority over the grease and rags of former times, is so obvious, as to render superfluous an attempt, either at learning or a display of words, in bringing them before the profession. The numerous details incident to the successful employment of cold water in the practice of Surgery, are to be suggested by the pathological intelligence and acumen of the practitioner, rather than by any definine rules applicable to all cases, and we have therefore deemed it sufficient, in a brief manner, to attract attention to this subject, knowing that its intrinsic merits, more than our eulogy, would secure the confidence of the profession.

It will be noticed that we have confined our remarks to the consideration of *cold* water. Water at all temperatures below 120° Fah., is a most valuable surgical agent. On the subject of the "use of water in Surgery," a most excellent paper, from the pen of the younger Amussat, of Paris, is now in course of publication in that valuable repository of medical science, the "Buffalo Medical Journal." This paper is translated from the French, and given to the American profes-

sion by the distinguished Surgeon of the Buffalo University, Dr. Frank Hamilton, and high as that gentleman's claims upon our respect and consideration have been made by former efforts, we must regard this as one of the most valuable and praiseworthy labors of his life. In this paper is contained every thing relating to the history, progress and present position of water, in the treatment of surgical diseases.

ART. II.—*Case of Anomalous nervous affection, occurring in the later part of pregnancy.* By THOMAS KERR, M. D., of Elgin, Ill.

On the afternoon of July 3d, I was called to visit Mrs. M., who is about 25 years of age, nervous temperament, strumous diathesis, and advanced beyond the sixth month of pregnancy. She had, for a few weeks, been harrassed by violent motion in the womb, which increasing for twenty-four hours, had induced paroxysms of hysterical convulsions. Though slight at first, these had increased in an alarming manner, till a universal spasm, seemed to threaten serious consequences.

I found my patient, considerably excited, with severe pain in the epigastrium, tumultuous movement in the womb, and filled with anxiety, lest premature labor should be induced. I attended the lady, about twelve months since, through severe illness, consequent to premature labor. The pain, seemed migratory; sometimes passing towards the left hypochondrium, and backwards, under the right scapula. Surface generally cold, pulse feeble, and patient quite chilly. A few moments after my arrival, a sudden spasm seized the patient, and raising in the bed, she seemed bereft of the power of respiration, and her extremeties became rigidly fixed, while severe pain was indicated by the anxious countenance. This paroxysm continued for several minutes, when she fell back, exhausted, and exclaiming loudly from pain in the cramped extremities.

I gave her xx. M. Tinct. Opii.; and another paroxysm approaching, I commenced the application of Chloroform to the nostrils and mouth, by means of a common handkerchief, the inability to respire, however prevented its action.

On emerging from this attack, my patient, scemed to suffer intense pain in the epigastrium, while the cramped extremities produced severe distress. I immediately applied the chloroform; in a few moments, the features relaxed into an easy, agreeable expression; the spasmodic action in the limbs ceased; and the skin became moist and warm. Having determined to anticipate the next paroxysm, I con-

tinued the chloroform, by holding a small vial containing it, now and then to the nostrils.

Presently, the patient said she felt quite comfortable, free from pain, and relieved from anxiety and apprehension; when, almost as soon as its influence passed off—say three minutes—another paroxysm of spasm, and suffering, seized the patient. This induced me to resolve to keep her under the influence of chloroform long enough to enable the system to recruit strength, and break in upon the existing morbid nervous irritability.

Again free, I applied the chloroform, and at that rate, so as to speedily induce ease and tranquility. Sitting by the bed side, vial in hand, I so regulated the amount of chloroform inhaled, that the usual interval passed, and many more, but no return of these painful and alarming periods of excitement.

Now followed a scene, forming a pleasing contrast to what had occurred, since my arrival. Then, all was consternation, the patient in accute mental and physical suffering; her husband filled with dread; while screams and groans issued from the apartment. Now, suffering, pain, and anguish, had fled, and not the faintest sound was heard, save the deep inspirations of the happy invalid.

During the first hour of her anæsthesia, the patient talked a good deal. Having been, when a girl, somewhat romantic, she fell into the same strain now, giving some fine recitations, very effectively. Then she met with absent friends, conversed with them; spoke of the happy days of youth, and school companionship. Heaven she talked of, how happy they were who had passed thence; that she and her family were bound there also, never to part again. "O the happiness of this moment," she one time exclaimed, "I never expected such bliss this side death." Her husband asked her if she was perfectly free from pain, she immediately answered "yes;" if she loved to meet with her absent friends? to which she answered, "why, yes; don't you see them too?

After thus expressing her gratitude, for so much happiness, in beautiful language, and evincing by her countenance perfect tranquility, she fell into a calm slumber, during which, the pulse strengthened, the system became relaxed, and perspiration moistened the entire surface.

For three hours longer, I maintained this remarkafile influence; during which time, the patient slept soundly, with clear, uninterrupted respiration, no twitchings, startings, or any untoward circumstance. When I withdrew from the bed-side,—having steadily maintained anæthesia for four hours—in about fifteen minutes my patient awoke.

She at once expressed herself relieved; and strengthened from the refreshing slumber: the distressing symptoms she had labored under were gone, and she conversed freely aud calmly.

Five hours after, I visited Mrs. M· again: she was very much improved, no return of previous symptons, no pain in the head, nor unpleasant feeling; in fact, I did not consider it necessary to repeat my visit.

Two days after, Mrs. M. rode to church three times, to all appearances in good health.

In the case here presented, the peculiar temperament of the patient, the anxiety of mind under which she labored, the rapid recurrence of violent spasmodic action, while so far advanced in pregnancy, all indicated some agent, speedy in its influence, and which it would be safe to maintain over the system, long enough to interrupt the paroxysms, at the same time be attended by no unpleasant result.

These important ends, were met in chloroform. By the simplicity of its exhibition, the rapidity of its influence, the safety of maintaining it, and its freedom from unpleasant consequences, I found the means of saving this lady from results which probably would have been fatal to herself or child. The therapeutics of chloroform, in morbid nervous action is evident, and its safety and applicability cannot be questioned, when such instances as the one now related stand on record.

ART. III.—*Anatomical Anomaly.* Extract of a letter from Professor HARD.

I dissected a subject this spring, whose muscular system was remarkably developed. All the usual muscles were found, besides quite a number of unusual ones. Among the latter, was a double *Omo-hyoid* of each side. Each was large and wide, and perfectly distinct from the contiguous one.

There was also a singular formation of the Zygomatici. Both muscles were large and well developed; but the Z. major was very broad, and just below its middle divided; the inferior portion curving downwards below the angle of the mouth, and then turning upwards and being inserted into that point, (the angle of the mouth.)

There was also a singular and beautiful little muscle between the external and internal oblique muscles of the abdomen, on each side. It took its origin from the lower border of the rib, and run downwards parallel to the fibres of the external oblique, in a distinct sheath, to be inserted tendinous, into the superior column of the external abdominal ring.

ART. IV.—*A Case of Puerperal Convulsions.* By Dr. N. STEEL, of Fairfield, Iowa.

Mrs. W., aged 22 years, of plethoric habit, was taken in labor, on the 20th of Dec. 1849, with her first child. A midwife was called in, who delivered her of a healthy female child, about 5 o'clock, P. M. About an hour after the delivery, she was suddenly attacked, after the usual premonitory symptoms, with severe convulsions. I was sent for and arrived at her residence about 8 o'clock, same evening, and was informed by her friends that she had had four spasms up to that time, and that the spasmodic action only occurred from the stomach upwards. She had vomited freely just before each fit, had complained of head-ache before delivery, and a very severe pain in the head after the first convulsion, but became insensible after the second. There was stertorous breathing, flushed countenance and full pulse.

I immediately bled her from the arm ℥xx., which, not seeming to control the convulsive action, was repeated to the same extent in an hour. I also cupped her freely on the nape of the neck, and on the temples, being precluded by her insensible condition from administering medicine internally. These means controlling the spasms but partially, blisters were applied to the neck, temples, and to each ankle, and ice laid around the entire head. Under the influence of these revulsive agents, the convulsions ceased about 7 o'clock A. M. the next day. She had eleven distinct and severe spasms in all, and under their influence had suffered considerable bodily injury; her tongue especially, was lacerated and much swollen.

Deeming it important to empty the bowels, and secure a revulsive influence upon the intestinal canal, I ordered an enema, at 2 o'clock P. M., of warm water and Ol Ricini. In due time the bowels were evacuated, and about 1 o'clock at night, 21st ult, she came out of a stupor, which had lasted since the last convulsion.

22d. Visited her at 9 A. M. Found her rational to a great extent, but with a peculiar blankness of memory, which impelled her to disown her child. The pulse was a little accelerated, the skin was warm, and there was an irritable condition of the nervous system. She complained very much of the blisters.

Apprehending the possible supervention of puerperal mania, a tendency to which, the symptoms seemed to indicate, I resolved to keep up a pretty brisk action upon the bowels, in alternation with such nervous calmatives as the symptoms seemed to require. A portion of cathartic pills were given, and small portions of morphia ordered at proper intervals after their operation.

23d. Saw patient at 8 o'clock A. M. She had rested tolerably well

through the night, but was not so well this morning. There was œdema of the extremities and face, some fever and severe head-ache. I now ordered her calomel grs. xvi., to be followed with a brisk cathartic in two hours.

24. 10 o'clock A. M. Bowels moved freely since last visit, relieving the head-ache and fever. The œdema has, likewise, nearly disappeared. There is no secretion of milk, and the mind is not entirely clear. She does not recollect anything that has transpired during the last four days,—does not believe the child is hers, and permits it to lie in the bed with her, only at the solicitation of friends.

25. She is much better to-day. A little dryness of the skin, suggested the use of some mild diaphoretics, which were accordingly given with a happy effect. From this time she continued steadily to improve. On the 27th, for the first time she acknowledged the proper maternity of the child, but cannot remember the circumstance of the birth. On the 30th she had an abundant secretion of milk, sat up most of the day, and seemed to demand no further medical attention.

The treatment subsequent to the 25th consisted in keeping the bowels in a soluble condition by gentle laxatives, and the avoidance of any causes of excitement, bodily or mental.

Remarks.—There was one peculiarity about the case of Mrs. W. with which I have not before met, but which is alluded to by several obstetrical authorities, as Churchhill, Lee, Ramsbotham, and Smith. I refer to the partial character of the spasmodic action. In none of the paroxysms did we notice the slightest twitching of the lower extremities, whilst the severity of the muscular contraction of the upper parts of the body, we have not seen exceeded in the worst cases of eclampsia, which have fallen under our notice. The other symptoms, it will be perceived, pointed to the possible supervention of puerperal mania,—a deplorable condition, liable to complicate every disease incident to the puerperal state, and which, together with the convulsions, was happily relieved by the active depletion and revulsion employed in the treatment of the case.

ART. V.—*Case of Lachrymal Calculus.*

Dr. J. F. Sanford: Enclosed is a Lachrymal Calculus, and such being rather pathological rarities, I have taken the liberty to forward it, hoping it may be an addition, or perhaps supply a vacancy in the pathological collection of your School. Now for its history.

Two days ago, to wit, on the 31st of last month, Abraham Palmer

presented himself to me, with an abscess at the inner canthus of the left eye, protruding above the insertion of the tendon of the orbicularis palpebrarum. On examining the puncta lachrymalia they appeared to be healthy, except the upper one was rather more protuberant than its fellow; on making pressure on the tumour no discharge issued from either puncta. I introduced an Anel's probe into the superior puncta; it seemed pervious, yet no discharge followed, but on making further pressure on the sac, a small fistulous opening appeared from which pus issued; after having evacuated the sac through the opening, I thought I would syringe it out, and by so doing, and with further pressure, out came the calculus. Whether the lachrymal canal is pervious, the result of the case has yet to develope.

Palmer is upwards of 50 years of age, a blacksmith by trade, appears robust and healthy. Had applied to *our famous Botanic Doctor Hicks*, (a mongrel or "Eclectic," as they falsely style themselves, Ed.) a few days previous. Hicks said it was a cancer, and he would cut it out. Palmer thought he would have further advice. The little calculus bears testimony to the absurdity of *our very famous Doctor's* diagnosis. Respectfully thine,

THOMAS SIVETER.

Salem, Iowa. 8th month, 2d, 1851.

ART. VI.—*Remarks on a peculiar appearance of the Tongue in Malarial Diseases;* read before the Greensborough Medical Society. By Dr. Thomas C. Osborne, of Erie, Ala.

Fever has been a subject of paramount interest in all ages of medicine. It has been the theme of endless discussion and of numberless dissertations, but has lost none of the importance attached to it by its earliest investigators. Its cause continues to be a matter of speculation; its pathology is still far from being settled; and the mortality arising from it, though happily diminishing, remains very great. Under these circumstances any new fact contributed to our knowledge respecting its pathology, cure, or prevention, cannot fail to awaken interest. It is to direct the attention of physicians to certain phenomena in miasmatic diseases, which I think I have observed, that these pages have been prepared.

The medical world has been divided between the *idiopathic* and *symptomatic* theories. A still greater diversity of views has prevailed in reference to the cause of fever, but I shall not stop to discuss them. The vegito-animalcular hypothesis seems to me to have most to recommend it, and as it is well set forth by Dr. Drake in his able work on the diseases of the interior valley of North America, I trust I may be pardoned for quoting at some length his remarks on the subject.

On page 723 of that volume, he says: "The microscope has revealed the existence of a countless variety of organic forms, which surround and penetrate the bodies of larger animals and plants, whether living, or dead and decaying, inhabit all waters, salt and fresh, and swarm in the atmosphere; buoyed up and moving by their own organs, or sustained by their levity, and wafted about by currents of air. . . . . .The power of reproduction possessed by these microscopic creatures is still more wonderful than their minuteness. It exceeds, indefinitely, all examples presented by the visible organic kingdom; where, however, we see the government of the same law, for, in both plants and animals, the small multiply more rapidly than the large. . . . Among the visible plants and animals, there are no species that form no poison, and others which secrete that, which applied to, or inserted in our bodies, produces a deleterious effect, which is generally of a definite kind. Thus, the venom of the rattlesnake produces a disease of a definite form; cantharides another; certain fish are poisonous when eaten; wasps and bees instil a venom; and the smallest visible gnat, as that which inhabits the forests of the middle latitudes, and that which is known under the name of the sand-fly on the shores of the Gulf of Mexico, inflames the skin; while the juice of the stramonium, the exhalations of the rhus toxicodendron, and the fungus which grows beneath its shade, excite peculiar diseases. It seems justifiable to ascribe, by analogy, to microscopic animals and plants, the same diversity of properties which we find in larger beings, differing from them, as we may presume, in nothing but size and complexity of organization."

Again, on page 726, he says: "Microscopic observation and analogy render it probable, that in the invisible, as well as the visible province of the organic kingdom, there are distinct species which constitute, by their union, natural families or orders. We know that in each natural assemblage of the larger plants and animals, the species resemble each other in many internal qualities, as well as in their forms. Thus, an astringent principle pervades the various kinds of oak; a resinous principle the linear evergreens; an aromatic oil the peppermint; and other didynamous herbs; a poisonous principle, the different species of rhus; and that a narcotic principle pervades a large assemblage of plants. Now, may it not be, that two distinct species of the same natural order of microscopic beings, may produce autumnal fever? May not one be the cause of intermittents—the other of remittents? may not both act on the system at the same time; and may we not thus explain diversities, which are inexplicable on the malarial hypothesis? Every practical physician knows, that while the juice of a variety of plants will produce the pathological condition called narcotism, the symptoms of that state, when induced by the different agents, differ as widely from each other, as the symptoms of the different forms of autumnal fever."

But whatever be the poison generating autumnal fever—whether malaria, animalcules, or cryptogamous plants—if I am not mistaken in my observations, I have remarked an appearance of the tongue, which reveals the presence of the poison in the system in time to enable us to remove it before it has exerted any seriously deleterious in-

fluence. My experience is, that this earliest evidence of the impress of the poison is uniformly present, and that we may ward off the attack by timely attention to it.

For several years past, my attention has been attracted to this peculiar condition of the tongue, which, from its invariable position and presence in the diseases and predispositions generated by miasma, may be appropriately denominated the *malarial margin.* As the name imports, it is an essential departure from the normal aspect of the edge, constituting a distinct lateral boundary of the tongue, occupying more or less surface according to the charge of infection in the system. Ordinarily, the color amounts only to a faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue by various diseases. The most fixed condition of this symptom is an appearance of indentation or crimpling transversely, which is apparently confined to the subjacent tissue, while the superficial tegument is moist, smooth, and transparent. In a word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ.

My opportunities for noting this appearance of the tongue have been ample during several years, among a considerable population composed of the white, black, and mixed races, permanently residing on the banks of the Warrior river, (in sandy as well as the prairie regions) and in many individuals from other and different sections of this and the surrounding States; and I can truly say, that in no instance has it ever failed to inform me correctly of the agency which the remote cause of fever had begun to exert in each individual case. After being once recognized it is not easily mistaken, and from pointing it out so frequently to non-professional persons of my acquaintance, many of them have become as thoroughly convinced of its significance as myself, and call it, very properly, the "fever tongue." I have frequently, upon seeing a well defined instance of the malarial margin, predicted fever within a month, and although the individual would be disposed to smile incredulously, and boast of excellent health, the result has generally created in their minds and bodies a different sensation.

The fidelity of this symptom to the source of its origin is under all circumstances fully equal to that importance which I have attached to it. In a considerable number of cases of the different forms of dropsy, neuralgia, and inflammation, it has alone enabled me to reach a correct diagnosis, when every other symptom seemed to deny the agency of malaria in the case. Wherever seen, I have invariably assumed that there existed a tendency to intermittent disease, and upon watching the progress of the case have as invariably detected this condition. In numerous cases of pulmonary inflammation, where the fever seemed continued, the cough unabated, the oppressive respiration persistent, and the pulse unvarying in its activity, the physical signs have designated with great accuracy the periods of repose and excitement in the course of the disease. In the gastric and intestinal phlogoses, again, whether as causes or consequences of fever, if this peculiar impression is seen upon the tongue, no apprehension need be felt in the adminis-

tration of quinine, however malignant the case may appear. Here also intermission, varying in degree according to the severity of the disease, is always present, and generally speaking, the shorter the period of repose the greater the quantity of medicine required, and *vice versa*. I have not hesitated, in many cases, where the disease was marching rapidly to a fatal termination, to prescribe one, two, and even three drachms of sulphate of quinine at a dose, to be repeated according to the urgency of the indications. Gastro-enteritis as a complication in the autumnal fevers of our section is by no means uncommon. On the contrary, in the limits of my practise it exists in a majority of cases. At the present time there prevails on both sides of the Warrior an epidemic diarrhœa, as symptomatic of mucous irritation, which in a number of instances resists all the usual remedies given in such cases, but yields readily to repeated doses of quinine, and the daily use of the cold dash. The most active of these cases present unmistakeable evidences of gastro-intestinal inflammation of a high grade, but in no instance have I failed on a close examination to recognize a quotidian or tertian form of intermittent, and in no instance has the malarial margin been absent from the tongue.

My tabular report of the diseases of the last month exhibits diarrhœa as the prevailing type of disease, and by reference to that paper it will be seen that there have occurred to me twenty-five cases, in individuals varying in age from three months to sixty years; as respects the treatment, the whole number may be divided as follows, viz:

Of those between the ages of three months and ten years, six required quinine and the cold bath, while five yielded to the administration of opiates und astringents; and of those over ten years, twelve demanded quinine and the cold dash, while only two yielded to opiates and astringents.

Some of these cases were of an alarming character, and my conviction is that their favorable termination is due to the use of quinine which I was first led to administer by the malarial tongue. During the last four years our country has been visited by an unquestionable form of typhoid fever, and in not one of the cases of this disease which I have seen has the tongue exhibited the malarial border, but has appeared as if scalded in patches. But the semblance of typhoid fever is assumed by many cases of the autumnal disease, in which, but for this symptom, much apprehension might be entertained, and much valuable time lost to the physician in the treatment, for it is well known, that quinine is actually injurious in all stages of the typhoid fever, while in those cases merely wearing its livery, that remedy is not only useful but essentially necessary to the cure of the disease.

If the malarial margin were useful only in unmasking this form of disease, its value would be inestimable; but when it points out with equal certainty all other varieties of disease in which miasma exerts a predisposing agency, it becomes a phenomenon of great importance.

It is not easy to exaggerate the value of a sign by which we detect the operation of the poison in its inception, and are conducted to the true method of suppressing it. I subjoin a few cases illustrative of the utility of this diagnostic feature.

Case 1. *Malarial Dyspepsia.*—A planter who has resided at his present abode for seven or eight years, had generally enjoyed tolerable health up to September, 1849. He was then attacked with a severe autumnal fever of the typhoid type, from which he gradually recovered in about four months. In the following spring he began to experience dyspeptic symptoms, which were usually accompanied by a diversity of complaints in the nervous and tegumentary systems, whenever he indulged too freely at table or in diet that disagreed with his stomach. Sometimes there was distressing pain in the head and back, attended with weakness and tremors of the extremities; at others lumbago, with transitory arthritic pain; or the affliction would under favorable circumstances invade the mucous or cutaneous surfaces and excite in the one temporary painful eruptions; or an irritation would occur in the mucous system and give rise to catarrhs, asthma, or diarrhœa, etc. These attacks, when once established by inattention to dietetic regulations, would always observe, in their progress, a regular series of exacerbations and remissions, either quotidian, tertian, or quartan in type, during several periods; each growing lighter, unless arrested by the use of quinine or peruvian bark, which constitute the principal part of the treatment in every instance. They continue still to recur occasionally, but are weaker, more transient in duration, and observe longer intervals of repose than formerly. Since the attack of fever his tongue has retained the malarial margin persistently, while its configuration and other appearances have undergone a great variety of alterations. There is also one other symptom in this case which I have not witnessed elsewhere. For several hours, or even days before the attacks of either of these forms of sickness, and during their course, a patch or patches of bright red discoloration, in various sized spots—from a mere stigma, to the dimensions of a dime—of a circular form, with perfect intervals of natural surface, occur on the palmar side of the hands, being most distinct on the fleshy mass near the thumb. He learned early to appreciate this rash as a faithful premonition, and upon their appearance uses the means to ward off the violence of the suffering which is sure to follow.

His residence is on an elevated south bank of a lagging stream, which courses meanderingly a little south of west, through open fields, to the Warrior river, distant some three or four miles. With the winter and spring freshets, this small creek spreads its waters freely over a considerable surface of adjacent low lands on both sides, and the layers of decomposing sediment thus deposited enjoy very favorable exposure to summer heat. Immediately on the east, and adjacent to the dwelling, commences a chain of hills which are heavily timbered; and on the north, hard by, there is a body of low alluvion comprising several hundred acres, densely shaded, but having a great surplus of dead and decaying vegetation upon it.

Thus, he may be said to live at the head of navigation of the remote cause of fever, and as the prevailing winds of summer and autumn are from south and west, much sickness of this character might be reasonably expected in his large family; and facts go to verify the supposition.

Case II. *Malarial Dropsy.*—Mrs. S. was attacked with anasarca on the first of January, 1851, during pregnancy, and at the eighth month gave birth to a puny child, early in March.

The dropsy had before been strictly confined to the cellular tissue, but now increased rapidly, and in a short time filled the thoracic and abdominal cavities to a very painful degree of distention. No relief could be obtained, nor sleep procured, from the oppressive dyspnœa, except in a sitting posture. In this condition she remained until the twenty-ninth of May.

Upon an examination of the tongue I found a wide malarial border, and by pertinent inquiry, ascertained that she was suffering hebdomadal paroxysms, this being the day for one of the periods. The surface was jaundiced, the flesh wasted, the respiration short, heaving and painful; pulse faint, frequent and thready; the temper morose and fretful, bowels active from mercurials that had been repeatedly administered, and the urine scanty and high colored. Of course, she had not been able to nurse the babe at the breast, and it was shadowy and sinking.

Prescription:

℞. Pulv. citrat ferri,
Sulph. quin. aa grs. v, in pills, three times daily for four days; then every two hours for two days.
Pulv. digitalis, gr. j. every six hours.
Decoction of uva ursi and buchu leaves ʒii. every night.
Tepid bath daily.

Thursday, June 5th. Bowels still brisk; kidneys aroused to powerful action, the urine being limpid and passing off hourly in great quantities; pulse better developed and reduced in frequency; the breathing more easy and natural; able to rest quietly and sleep upon the bed. Continue the medicines.

Sunday, 8th. Peculiar effects of digitalis manifested strongly, commencing on yesterday; the whole system prostrated under its influence; pulse irregular, full and intermittent; respiration natural; urine discharging freely; intense pains in the stomach and bowels, and bilious vomiting. *Dropsy disappeared.* Discontinue medicines, and give brandy and wine whey; blister to epigastrium.

Wednesday, 11th. Effects of digitalis continue, but gradually dying out; pains and vomiting arrested; urine less copious, and high colored again; skin cleared up.

Auscultation revealed, from the first day of digitalis impression, a prolonged bellows murmur, during first third of the heart's action, completely masking the dull sound, while a tremulous agitation of the chest was communicated to the hand with every impulse or shock of the heart. As the effect of the medicine approached its maximum, the abnormal sounds increased in intensity, and the murmur resembled exactly the thrust of a coarse saw.

To-day the sounds are less rough, or in other words, as the effect of the medicine diminishes the abnormal sounds disappear, and are replaced by an approach to the natural order of sounds in the heart's action.

Stimulants gradually discontinued; recommence sulph. quinine and

citrate of iron; paint surface of abdomen and thighs with tinct. iodine daily; light diet.

Friday, 13th. Convalescent. I should have stated that during the paroxysms of pain, chloroform, by inhalation, was given repeatedly with the most pleasant results. She keeps it now constantly at hand. The residence of this lady is on the west side of the Warrior; and immediately on the border of a sluggish slough, the waters of which are dammed up by every rise of the river; and during the hot seasons give rise to offensive effluvia all along its course.

Case III.—*Malarial asthenia of the uterus.* Mrs. M., aged forty-five years, was taken with menorrhagia in the fall of 1846, at a period of the catamenial flow, which continued rather passively until she was reduced to the verge of the grave. The next year it returned in the summer; aud the next, again, in the middle of spring, and in each visitation the duration was prolonged to the approach of cold weather. In 1849, it returned early in the spring, and was of so threatening a character that her physicians advised her removal to some of the established watering-places; and after a month or two stay, under the use of chalybeate drinks and healthy atmosphere, her health rapidly returned, and the hæmorrhage ceased. She returned home in September, and was in a short time suffering again from the disease. In November I saw her for the first time. She was now wasted in flesh, and her complexion entirely replaced by sallow paleness; the pulse was feeble and frequent; the muscular energies prostrated; the digestive powers exhausted; and the stomach so weak that very few things taken upon it would remain. The tongue was pale, and had a very broad malarial margin, and upon inquiry I found that she had evening exacerbations of fever. This state of things she assured me had existed all the time, save in the interval passed at the springs. The several physicians who had been in attendance pronounced it an approach to the critical period, and when I ventured to assure her that under appropriate treatment, health might be restored in a few weeks, she manifested the utmost incredulity. But finally she became convinced that to wait for the critical period to pass would be to wait for certain death, and consented to be put upon a curative treatment at once.

Sulphate of quinine was given in six gr. doses every two hours every morning—a solution of citrate of iron was ordered as a constant drink—opium and acetate of lead, which had been previously rejected time after time by the stomach, was now given with the very best effects, and in two weeks the amendment was so great that I discontined my attendance. Every few months since, during the hot season, the hæmorrhage is disposed to return, but a few doses of quinine quickly restores tone to the system and especially to the uterus. This lady lives immediately on the east bank of the river.

Cases IV. and V.—*Malarial palpitation of the heart.* Mrs. M. is of the leuco-phlegmatic temperament; is about thirty years of age; has been living for several years inside a large clearing, immediately upon the border of a switch cane marsh; is visited every year by one or more spells of fever. For several months previous to these visitations her health declines, and she is troubled with fits of palpitation

without any physical sign of disease of the heart. The paroxysms return with great regularity every 7th, 14th or 21st day, until she gets well from the attack of fever, when they disappear. I have been the family physician for more than two years, and have always found the malarial margin upon the tongue, and have in every instance succeeded in arresting the fits of palpitation by the use of quinine.

Mr. S., aged thirty years, came to live upon the borders of the river, as a planter, in February last; having spent much of his time, during the summer season at mountain watering-places, and his health might be said to be good up to the period of his removal. I saw him just before he moved, and requested a sight of his tongue; I found it in a healthy condition. In March, just one month after, he was attacked with a severe fit of palpitation, which gradually passed off in perspiration. The third day subsequently he had, at the same hour, another attack and sent for me. The malarial border was now broad upon the tongue, and quinine arrested the disease.

Does not this case prove the generation and action of the specific poison during the winter and spring months.

Case VI.—*Malarial Dysentery.* A family of previously healthy persons, eighteen in number, living on the margin of a foul swamp, were nearly all attacked successively with acute dysentery in June, 1850, and two of the stoutest of the white members died of that complaint. After these deaths I was called in, and finding the malarial margin well developed, although the tongue was fiery red and encrusted as in all such cases, I put them upon the use of quinine and all recovered in a short time.

Case VII.—*Malarial Pneumonia.* A negro man. 22 years of age, living in one of our proverbially sickly places, was attacked violently with inflammation of the lungs on the 15th of March, 1851. I did not see him until next day; he was then easier, but the physical signs indicated a rapid progress in the disease, and it was with great difficulty that he could breathe. The tongue, although red and dry, had the malarial border upon it. He was bled freely and cupped extensively over the seat of the inflammation, and, after that, blistered in the same region. Next day he grew worse—the next, better. Quinine, in 15 gr. doses, being now given, he rapidly recovered. Cases of this character were numerous last spring, but as one is enough to exhibit their nature and the course pursued in each, I will refrain from inserting in this place any others.

Case VIII.—*Malarial Cerebro-Meningitis.* A bright mulatto girl, aged 15 years, a field hand, had had chills and fever repeatedly during the autumn and winter of 1850, and on the 31st of January last, in the midst of a severe spell of cold inclement weather, the disease returned, attended with symptoms of cold, and acute headache. I saw her next day, and found the fever passing off in a free perspiration, all the symptoms being greatly relieved. The tongue was thickened, pointed, and had the malarial border npon it; and as a mercurial had been given, I merely ordered rest in the horizontal posture, and quinine as in intermittent fever.

February 2d. Fever returned, without a chill, early this morning; pulse 150, small and feeble; conjunctiva and vagina discharging free-

ly; mind confused; vigilant; head very painful; acutely sensible to light and sound; pupils strongly contracted; paralysis of the right arm and left leg, the surface of these parts being morbidly sensitive to the touch, or even to a current of air; bowels acting, the evacuations consisting of tar-like bilious matter; urine scant, involuntary, and strong in odor; restlessness and constant muttering.

Prescription—Venesection; cups to temple and nape; blisters to extremities.

℞. Ipecac. pulv., grs. iii, every two hours.

3d. Intermission perfect; paralysis disappeared; quite cheerful; hungry; and expresses a desire to leave the bed. Sulphate of quinine in x. gr. doses every three hours during the day.

4th. Fever rose early and runs very high; paralysis returned; all the symptoms aggravated. On inquiry I ascertained that quinine had been given every three hours, but the nurse thought a solution of that medicine in whisky was the best way it could be given, and that a tablespoonful of this preparation would weigh about ten grains, and accordingly administered it in that way.

Death on the 5th, in convulsions.

Necroscopy twenty-two hours after death.—Dura mater dull and lead-like in color, adhered tenaciously to the subjacent tissus all along the superior edges of the hemispheres, from the anterior to the posterior of the cerebrum. In dissecting these adhesions, four groups of tubercles lay imbedded in the adventitious membrane, each group having about fifty of these bodies, which, in size and color, resembled the large white mustard seed, and were as firm as fibro-cartilage. Near each group, especially on the anterior lobes, there were several dots of milky-looking pus. The arachnoid and pia mater displayed everywhere a diffused scarlet blush, which was intersected in all directions by a vascular net-work of a crimson color. Two rays of recent lymph on each side of the anterior lobes, one and a half inches in length and two lines in width, shot out from the membranous attachment on the edges of the hemispheres, and were of a dull straw color, and confined to the sub-arachnoid cellular tissue. The cerebrum, cerebellum, annular protuberance, and medulla oblongata exhibited intense capillary engorgement, with red indelible punctuations in every imaginary direction, but no other lesions of any kind. Brain only examined.

Note.—At the close of the reading of this paper the members of the Society manifested very considerable interest in the peculiar appearance of the tongue spoken of, and on examination, the writer was able to exhibit three specimens of it among the gentlemen present. The members then declared themselves satisfied of its existence.

June 23, 1851.

ART. VII.—*A brief notice of the Treatment of Dysentery; the Honey Bee as a Diuretic; and Warm Water in Colic.* By Dr. M. H. Fee, of Heltonville, Indiana.

I herewith communicate to you a few facts, which you are at liberty to put to any use you please. If you think them of any value, you

may give them publicity in your Journal, under the head of "Facts tested by experience."

The last summer was fruitful, with us, in acute dysentery, mostly of that form, known among the people, by the name of "gray flux," that is, mostly mucus mixed with blood constituting the alvine discharges. Condie's treatment of Calomel, chalk, camphor, hyosciamus, and sugar of lead, proved worse than useless; constantly increasing the tormina, drying the tongue, and increasing the soreness of the abdomen. Being left to my own resources, I struck out the following prescription, which was eminently successful, not failing in any case:

℞. Calomel, grs. v;
Camphor, grs. v;
Ipecac., grs. ii;
Dover's powder, grs. v:

every three hours, till five doses were given.

The result of this treatment was free perspiration, nausea, emesis, and perfect relaxation of spasm and tormina; large, free, bilious stools; in short, convalescence was immediately established. I believe this prescription would scarcely fail to effect a cure once in a hundred cases.

The Honey Bee an Anti-Cantharidic and Diuretic.—Three or four years ago I saw it stated in your journal, by Dr. F. H. Gordon, of Tennessee, that an infusion of honey bees would generally relieve strangury from a blister in fifteen minutes. I resolved to try it the first opportunity. In a short time I had a chance for the trial of the virtues of the infusion, and was gratified to find it prompt. Fifteen minutes are generally sufficient for a display of its effects. I find that it is applicable still further. In those cases of urinary suspension from a too liberal use of opium, it cannot be too highly lauded. It is a bland diuretic, increasing the secretion of the kidneys, at the same time quieting too great excitability of those organs. It may be used with decided advantage in lithiasis, attended by deposition of lithic acid crystals: as also in painful micturition from the terebinthinates.

℞. 60 honey bees;
Boiling water, 1 pint;

cover and draw fifteen minutes; dose, one gill every fifteen minutes.

The above prescriptions are for adults.

Warm Water in Colic.—The best remedy I have ever tried for spasmodic colic, and for that incessant disposition to vomit in fall congestive fevers, is warm water, taken in copious draughts every fifteen minutes till the stomach and bowels relax to their natural caliber, and the skin becomes moist.—*West. Jour. of Med. and Surgery.*

March 11, 1851.

We commend the following circular of Dr. Gross, the distinguished Surgeon of Louisville, to the attention of our readers :

CIRCULAR.

To the Medical Profession of lhe United States:

The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the Committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroid diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised schirrus, encephaloid and melanosis ; in the latter certain maladies of the skin and mucous tissues—as lupus, cheloid, eiloid, and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue ; the eye, the ears, nose, face, lips, tongue, salivary glands, jaws and gums ; the lymphatic ganglions of the neck, axilla, groin and other regions ; the mammary gland, uterus, ovary, vulva, and vagina, penis and testis ; the anus and rectum ; and, finally, the extremities.

3. The age, sex, temperament, residence and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

5. Mode of operation : whether by the knife, caustic or ligature.

6. The time of death, or relapse after operation.

7. Examination of the morbid product ; how conducted—whether by the unassisted eye alone, or by means of the microscope and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject should be sent to the chairman of the committee by the 1st of January, 1852.

Medical journals and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice. S. D. Gross, M. D.

University of Louisville, June 29th, 1851.

Editorial and Miscellany.

Close of the First Volume of the Medico-Chirurgical Journal.

The present number completes the first volume of our Journal, and half of the time for which a definite contract was made for its publication.

When we entered upon this enterprise, we did so with a full knowledge of the precarious fortune which has been incident to such labors; and we knew not whether a sufficient number of medical men could be found, in this portion of our country, whose patriotism and devotion to the cause of an indigenous medical literature, would impel them to stand forward in support of our undertaking. We knew, also, that the most important and essential element of success, in an effort of this kind, related to our own feeble abilities in the capacity of an Editor; and having no means of estimating the probabilities of success in this respct, we felt a degree of anxiety and suspense, which no other circumstances could produce. But the revolution of another year, is at last complete, and the changing events which have been developed in its rapid course, whilst they have left us much to desire and to labor for, have removed from our mind much of the doubt, and many of the fears, with which we approached our task. Two results of our effort thus far—one essential to our existence and prosperity, the other profitable and highly agreeable—enable us to enter upon the publication of the second volume, with feelings very different from those with which we first assumed the editorial mantle. The *first* is, the alacrity with which our Western friends—without solicitation—have come forward to our support, and the promptness with which a large majority of them have remitted their subscription. We have a much larger number of subscribers, than was necessary to pay the cost of publication of the first volume, and we expect our present list to be more than doubled in the next three months, by our agents, who are now engaged in Iowa, Illinois and Missouri.

The *second* consideration alluded to, is the courtesy and attention which we have received from the Medical Press of the United States. We have a free exchange with all the medical journals of this great and glorious Union; great in its *physico-political* capacities—and very glorious in the genius and achievements of its medical men. For this inexpressible pleasure, of laving our mental part in the deep, pure fountains of American Medical literature; and for the benefits it enables us to extend to the readers of our own periodical, we are indebted to that magnanimity, which is an inherent element in the mind of every true physician.

In the true spirit of fraternal seniority they have taken us by the hand, and with that cordial expression which the honest advocate of truth always extends to the humblest auxiliary, have given us a welcome to the privilege of a noble calling.

With these remarks we wish to renew our appeal to the medical men of this portion of our country, who are soon to connect themselves with the rest of the world in the labors of science, and illustrate their part in that last and greatest developement of human society, which, in the language of the eloquent Dr. Drake, this Central Valley of North America is destined to present. We cannot perform our part in the capacity of mere parasites. We are part of a vast machinery, every portion of which derives a peculiar vitality from the circumstances immediately surrounding it,—with this it contributes to the power and energy of the whole. The Science of Medicine grows by accretion. Its gorgeous palaces, supported by the great and powerful of the populous old world, may, it is true, contain its richest treasures—treasures, the value of which attracts pilgrims from every part of the earth; but when we read the history of its birth and developement amongst men, we find that these stores have been drawn from almost every spot upon the habitable globe. The frigid climate of the North has developed a great truth in *physiology*—the burning sun of the tropics has furnished a *pathological* fact, and the islands of the sea have sent up a *therapeutical* resource. Thus each region of the world has its medical interest to be explored and brought to light by its medical men, and added, through the instrumentality of the press, to the aggregated stores of human knowledge.

A committee of the American Medical Association, after patient examination of the character of our medical literature, and the agencies by which it is sustained, have embraced in their report to that learned body, the following just and appropriate remarks upon the subject of local publications. We commend them to the careful attention of all who read this article, and particularly to medical men in this region, who are disposed to censure, and to stigmatize as premature any effort at a *Western periodical*, without a sufficient examination of its necessity, or calculation as to the benefits it is capable of disseminating amongst those who sustain it.

"A complaint is often made that the number of medical journals published in the United States is excessive, but whether it is just or not, depends upon the manner in which the subject is viewed. No doubt the *average* value of our periodical literature would be enhanced, were its quantity reduced one-half; but it may be strongly questioned whether the *positive* value of the remainder would be increased. At all events there is good reason to believe that medical journals which

have chiefly a local circulation, serve as schools in which unpractised writers may improve themselves. When they become contributors to journals of a more extended sphere, the latter reap all the advantage of their previous culture. Local publications, too, induce many persons, who would not think of approaching the more distant journals, to record their observations and reflections; they serve as a ready vehicle for conveying information to a large number of practitioners, and for drawing their attention to unexplored or neglected subjects; and they tend to unite the feelings and action of physicians within the region where they circulate, and in this manner to promote the interests of the whole profession.

"It has been objected to the character of medical journals in this country that they are, in many instances, established by gentlemen connected with medical schools, and for the purpose, mainly, of sustaining these latter. It must, however, be admitted that the advocacy of particular institutions is seldom, if ever, offensively obtruded; for the most part, it is indirect, and rests upon the merits of the articles furnished by the professors. In this there is certainly no cause for blame; it is rather a laudable means of attracting attention to educational establishments, and of diffusing scientific knowledge in regions which would else participate but slightly in the onward movement of the profession. Persons who have been chosen for their superior acquirements to conduct the education of medical students, may very properly avail themselves of the press to address a larger and more enlightened audience beyond the college walls, and vindicate their ability as instructors."

"We submit that the local journals ought to receive the encouragement of this Association, rather than be harshly censured for defects which they cannot avoid; and if, in any case, severity of criticism be called for, let it rather fall upon such as, in the midst of a population distinguished both for general culture and scientific attainments, display neither elevation of thought nor the evidences of professional ability."

Upon this subject the Nashville Journal of Medicine and Surgery, one of our ablest exchanges, holds the following language:

"These views, the result of much inquiry and great deliberation, coming as they do from men eminently qualified to judge correctly and impartially, will scarcely be controverted. they are, too, we think, strengthened by the following considerations: Although a higher degree of scholarship, and greater concentration of medical talent, may exist in our large commercial cities,—New York, Philadelphia and Boston, for example,—it does not follow that journals published at such points, though embodying, in an eminent degree, this concentration of talent, could supply the wants of physicians of the great intramontane basin reaching from the gulf of Mexico in the South, to the great Lakes in the North. Diseases in this vast region have heretofore, and from geological and other causes, will, in all probability, continue to differ widely in their essential phenomena from diseases of similar name of tramontane origin. It is probable, therefore, that a great number of diseases will have of necessity to be investigated where

they exist, in connexion with such peculiarities as are imposed by local circumstances, before they can be thoroughly comprehended or satisfactorily treated. It may be argued that a great central journal might avail itself of the experience and observations of physicians in every quarter of the Union, and reflect back the light thus borrowed. But all experience shows that but few men are disposed to take upon themselves the gratuitous labor of writing for a remote journal, to the conductors of which they are totally unknown, and for whom they have no sympathy. That great leading journals ought, and will always exist at such points and give tone, dignity and a proper direction to the medical literature of the country, there can be no doubt; while those in less conspicuous places, like inferior courts in a harmonious juridical system must content themselves in collecting and elaborating material for the action of the courts above."

We have now said what we have to say in reference to the past, and the motives which impelled us to press forward in a work which presented so many difficulties, and held out so little promise of success. We will add one word as to the future, without, we hope, incurring the charge of self-laudation. If our medical friends maintain the feelings of friendship they have thus far shown; if they will for a time sustain us in our humble character—with their pens, as well as the pittance which will pay our publisher, we will, at the earliest possible day greatly enlarge our Journal, and then with a craft equal to many of the best which ride in strength and beauty upon the broad sea of science, and cheered on by the welcome and aid of our *confreres* of the press, we will make our publication such a representative of our local literature—as well as the vehicle of all discoveries and improvements which may come from abroad—as will make our brethren proud of its name, and of the country from which it comes.

Our Medical College.

With the means appropriated by the last General Assembly of our State, the Dean of the Faculty, some time since, placed under contract the necessary additions to our College edifice. The work is now progressing with great rapidity, and will certainly be completed by the opening of the next session. These improvements will give us one of the finest College buildings in the West. There will be three large lecture rooms, two of which will seat over three hundred and fifty persons—one about two hundred and fifty. The building is situated upon a beautiful and commanding eminence, and faces to the river with a front finished in the finest style of architecture, of 100 feet. It is 50 feet deep and attached to the main wings is the "University Hospital," erected and bountifully furnished by our generous City.

The Dean will leave about the first of October for the Eastern cities, where he will expend several thousand dollars in the purchase of anatomical and pathological preparations and chemical apparatus. These additions to former appliances, will make this Institution equal in all respects to the best schools in the West for the completion of a thorough Medical education.

There is the most certain prospect of the largest class, the ensuing session, that has ever assembled in its halls.

University Hospital.

This essential auxiliary to the Medical College of this State, has been completed by our City authorities, and supplied with the necessary furniture. The beds and wardrobe have been very abundantly supplied by our noble and philanthropic ladies.

The building is large and commodious, and calculated for eighty beds. There are two large general wards and several private rooms; the City Council has given the force of law to the necessary regulations, and the medical police has been arranged.

The Faculty of the College of Physicians and Surgeons of the Iowa Uuniversity, have exclusive control and management of this Instituuion for ten years. It is the intention to demand of every student of the Institution an attendance upon the clinical lectures, to be established in the Hospital and which are to be made a part of the regular course of instruction in the College, and as an evidence of the opportunitions it will present for clinical observation, we will remark, that since its full organization—now ten days—twenty-three cases have been received and treated in the wards. When it is remembered that thousands of persons are engaged upon the public improvements, in and around our rapidly growing City, to whom this house will be a welcome refuge in affliction; and thousands more are thrown into our midst by the great break in the navigation of the Mississippi at this point, in circumstances demanding the comfort of an institution like this, we cannot doubt that in a very short time, the Medical College with which it is connected, will present opportunities for valuable clinical illustration, equal to those of any school in the country.

In the next number of the Journal we will commence the regular publication of clinical reports of the University Hospital, and as they will embrace cases of the most interest in the service of the physicians, we have no doubt they will be acceptable to our readers.

DR. ARMOR.

The N. W. Medical Intelligencer, in the list of news items states, that "Dr. Armor, *late* Profcssor in the Medical College at Keokuk, has accepted the appointment of Professor of Natural Science in the Cleveland University." By the word, *late Professor*, the Intelligencer meant its readers to infer that Dr. A. was no longer a Professor in the Medical College of this State, whilst at the same ttme, it well knew that the impression thus intended to be conveyed, was not true.

This little trick, like many others practiced by our neighbors of the Rush, will fail of its design, for we can assure our friends, that when it becomes necessary for Professor Armor to relinquish either of the interests which he has in charge, it will not be the one at Keokuk. But we have reason to rejoice with our friends that those honorable gentlemen at Chicago have not made Prof. A., a second time, the victim of a secret circular.

Dr. Davis' History of Medicine.

The Charleston (S. C.) Medical Journal and Review, one of the ablest Medical periodicals in the United States, in a brief notice of Dr. Davis' history, holds the following language in regard to the low fee system, to which the author under review, has succeeded in reducing Rush College. We invite the attention of medical men to the views here expressed, sincerely assuring them that they are held by a large majority of the profession and Journals of this country. In some of the Schools of the West, the underbidding policy of the Chicago School is so far condemned, that its graduates are not admitted to the privileges enjoyed by those from regular institutions. We hope the number of medical students in the West, who are willing to sell their birthright for a mess of pottage, will grow annually less, until the School at Chicago shall be induced to resume a respectable position amongst the Schools of the country. None of her co-laborers would rejoice mere sincerely in this return to propriety than the Medical School of Iowa, which has received so many injuries at her hands.

We totally dissent from Dr. Davis' views on the subject of low fees at Medical Colleges. That many deserving youths, who would prove ornaments to the profession, might be deterred from studying it at the present high rates, is doubtless true. But this is not the only career open to them. Nor is eminence attainable alone in it. Those who have such decided vocations for the medical profession as to be forced, as it were, to give themselves up to it, will find the means of doing so

in the same way as thousands of ambitious and capable young men have done in this and other pursuits before them. Difficulties do not deter the determined mind; they only spur it on to greater eflort. Hundreds of youths who cannot afford to tread the "primrose path" of ambition, (if there be such a path,) are yearly finding, in their own resources and invincible energy, the means of obtaining information which must from its very nature be costly. And, though averse to carrying our remarks on this point to any length, we may simply ask the question of our readers, whether it is by any means a settled point that either the interests of science or of the community are to be advanced by having a crowd of young medical men thrown upon society, whose inducement for studying medicine was simply the cheap rate at which a Diploma could be obtained?

Dr. Davis has alluded, in support of his views on the importance of cheap lectures in Medical Colleges, to the address of Dr. A. H. Stevens, before the New-York State Medical Association, at Albany, in 1849, in which that distinguished and universally honored gentleman appeals to the Legislature for the endowment of Medical Colleges that lecture fees might be abolished, and Medical education thereby be made *free* to every deserving student.

Now, were it possible, in a government like ours, to have education, particularly in the higher branches, made free by paying for the expenses of it out of the public fund, it would doubtless be very well to have Medical education put on the same footing. But, if, until this can be done, we may be permitted to express a doubt of the propriety of putting Medical Education on a different footing from other branches, not less useful, such as agriculture, engineering, etc., what bearing, we may be permitted to ask of Dr. Davis, has Dr. Stevens' argument on the view he ventures to advance. How can that system of education in which the State pays, and pays well for the services of competent teachers, be taken as an argument in favor of a depreciation, down to almost nothing, of the services of medical professors? We confess ourselves at a loss to imagine."

Books and Publications received.

An Address to the Graduates of the Medical Department of the St. Louis University. By A. Litton, M. D., Prof. of Chemistry and Pharmacy.

The practice of publishing Introductory and Valedictory addresses, delivered in the various Institutions of our country has become so common, that it is no disrespect to the learned and eloquent authors, to be often compelled to say, that we have not perused them. The Editor of a Medical Journal, besides the constant labor of looking over the current literature of the profession, with a view to keeping his readers posted upon the most recent improvements and discoveries in the science, has a thousand other duties to perform, incident to his profession, which prevents him from reading the numerous publica-

tions of this character, which are often valuable, and seldom devoid of practical interest. But having *glanced*, as usual, at the address of Prof. Litton, we were induced, by the beauty of his thoughts, and the eloquence of his language, to give it an attentive reading; and we have profiited by the indulgence. It indicates the man of thought —the lover of his profession—the honest advocate of truth. The desire of a Graduating Class to see such a production in print, to be preserved and referred to amidst the trying scenes of their profession, is most natural, and certainly no one who received the honors awarded upon the occasion of its utterance, can fail, by such reference, to be strengthened in virtuous purpose, stimulated in professional energy and buoyed up amidst the adversity, which is the common lot of all.

We have also received the Annual Announcement of the Medical Department of the St. Louis University, of which Dr. Litton is a distinguished ornament. The prospects of the Institution seem unusually flattering, and the energy of Professor Pope, the accomplished Surgeon of the School, has left nothing to be desired in the way of elegant and appropriate illustrations.

We have received nothing from the Medical Department of the Missouri University, located in St. Louis, and fear from the absence of its Medical Journal and the usual Announcements, that there are some embarrassments in the way of its future prosperity. It has always appeared to us that *two* Schools could not be well sustained in St. Louis, and that the ultimate success and pre-eminence in medical teaching, would be concentrated in *one* School. Circumstances now seem to point to the St. Louis University as the permanent medical Institution of this great Western metropolis, and we take this occasion to tender its able Faculty our cordial wishes for their success.

Proceedings of the Iowa State Medical and Chirurgical Society. Second Annual Meeting, held in Fairfield, May 7th, 1851.

This is a most interesting pamphlet of 64 pages, embracing three reports upon Medical subjects, with the minutes and various preambles and resolutions of our State Society.

As Editor of a medical periodical, it has been our pleasure to receive during the past year, a large number of pamphlets, containing the proceedings of medical societies in various parts of the United States, but in none of them have we seen more valuable contributions to science, or a display of greater devotion to the interests of the profession, than in the one now before us. The report of the venerable and scientific

Dr. J. F. Henry, of the City of Burlington, upon the "Topography, Climate and Diseases of Iowa," is a valuable collection of facts, upon subjects, now first presented to the profession at home and abroad, which cannot fail to greatly interest all who are laboring in the cause of medical science, and add to the excellent reputation of the learned author.

The report of our friend Dr. J. H. Rauch, also of the City of Burlington, likewise merits the highest commendation. Dr. H. has the honor of exploring the medical Botany of Iowa, and an attentive examination of his report, will be sufficient to convince any one of the fidelity and zeal with which he has performed his task. We hope his labors will accomplish two good ends—First, constitute a nucleus around which a full collection and classification of our indigenous and naturalized plants may be made, and—Second, convince the citizens of our State that the developement of the medical resources of the Vegetable Kingdom, must depend upon the true and legitimate physicians of the country. Abominable tricksters have deceived the people in proclaiming themselves "Eclectics," "Botanics," &c., &c., professing to draw their remedies from the Vegetable Kingdom, while we dare assert, and defy any of them to the trial, that not one of these empirics in Iowa, knows any thing about the first principles of Medical Botany. They are an ignorant race who never have made, and never will make any valuable contributions to Medical science, and the sooner the intelligent people of the State encourage a test of this kind the better. These reports from the Physicians of Burlington, exhibiting so much devotion for the noblest of all professions, should arouse a spirit of emulation with our brethren of other towns and villages. The physicians of Burlington have set an example worthy of imitation, and we hope the enlightened and refined City, whose intelligent discrimination fosters such men, will reap a full recompense in the honors, their labors are calculated to secure.

We see the President has suggested a postponement of the time of next annual meeting one month—till the first Wednesday in June. Although this may seem to conflict with the Constitution, still as that instrument is under revision, and the suggestion comes from many members of the Society, we hope no serious objection will be urged against it.

Correction.—In an article, on the "Surgical uses of Cold Water," in the June No. of this Journal; page 290, in speaking of an amputation of the thigh, it should have been stated, that Dr. J. O. Skinner, of Charleston, Iowa, was present and assisted in the operaton. Dr. S. was the attending physician, and it was by his request that we were called upon to operate.

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ANNUAL ANNOUNCEMENT

OF THE

College of Physicians and Surgeons

OF THE

IOWA STATE UNIVERSITY,

LOCATED IN THE CITY OF KEOKUK, IOWA.

For the Session of 1851-2.

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1851.

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FACULTY OF MEDICINE.

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ANNUAL CIRCULAR.

The Board of Trustees, and Medical Faculty of the Iowa State University, take peculiar pleasure in again presenting to the profession the condition of the Medical Department of the Institution, and in bringing to public notice the increased facilities which have been added to their means of successful teaching, since the close of the last session.

After a career of three years under individual auspices, and the most flattering encouragement from the profession of the North West, the Institution has passed immediately under the foster care of the State, and become an intimate and essential part of the University system of Iowa. This connection, which was begun by the Board of Trustees of the University, has been firmly established by a law of the last General Assembly, which, besides other benefits and distinctions conferred on this department, makes its Diploma a license to practice medicine and surgery in Iowa. Our General Assembly also distinguished itself by a liberal appropriation to this department; the University fund, to a part of which our College is entitled, was not at present available, and appreciating the importance of immediate aid to fully develope the benefits of this part of our educational interests, five thousand dollars was granted, to be expended under the direction of the President of the Board of Trustees. It has been decided that two thousand dollars of this sum shall be used for the erection of additional rooms to the present building; two thousand for the purchase of Anatomical and Pathological preparations and Chemical apparatus, and one thousand for finishing and arranging the interior of the building in a convenient and agreeable style. Although the sums specified seem quite limited, they will make an addition to the appliances already accumulated, which will enable the Faculty to present inducements to Medical Students, not inferior to those of any other Institution in the West.

It is with the most lively gratification that the Faculty are able to announce, the completion, in a most satisfactory manner, of our City Hospital. The most enlightened and benevolent liberality has been displayed by our City Fathers in finishing and furnishing this Institution, and the Medical Faculty, to whose government and care it has been exclusively confided for the term of ten years, have made such arrangements as will secure its occupation by interesting cases of disease

during the entire year. By this arrangement the sick poor of the most populous county in Iowa, the charity patients in the city of Keokuk, as well as many cases from abroad, which come under the attention of the resident Professors, will occupy this Hospital. Thus our clinical opportunities being derived from a population of more than twenty-five thousand souls, will be most ample, whilst the character of the diseases drawn from every sphere of life, will present to the Western practitioner an obvious advantage over those Hospital cases in crowded and populous cities, so large a portion of which are complicated with elements of disease, seldom met with in Western practice.

The plan of Clinical instruction adopted by the Faculty, will be such as will realize to every student in the Institution, the fullest benefits of bedside observation. The obstacles to practical investigation which exist in most of the Hospitals in large cities, will be, as far as is compatible with proper government, entirely discarded. It will be our object to bring the student more immediately in contact with the patient, and establish, as far as possible, those relations, which in the sick room excite appropriate feelings of responsibility, and stimulate efficient efforts in behalf of the afflicted. The Wards of the Hospital communicate immediately with the College amphitheatre, where clinical lectures will be delivered upon such interesting cases of disease as may be moved from the beds without injury, at least three times every week, and all surgical operations will be performed in presence of the class.

It affords us pleasure to announce to the profession of the North West, the permanent connection of Prof. Saml. G. Armor with our Institution. During the past spring Dr. A. received the appointment of Professor of Natural Science in the University of Cleveland, and his acceptance of that position has, we are sorry to learn, led some persons to believe that he had withdrawn from the Iowa University. His numerous professional friends, and the friends of science in Iowa, will learn with pleasure, that this is not the case, and that his continued connection with our College is certain and permanent.

It will be seen that some changes have occurred in the Faculty. In the names of the new incumbents, our friends will recognize eminent and experienced teachers, whose connection with the Institution cannot fail to strengthen its claim to public and professional confidence.

COURSE OF INSTRUCTION.

The regular Course of Lectures in this Institution will commence on the first Monday in November, and continue sixteen weeks. There will be six lectures daily on the various branches of Medical Science. The Public Introductory will be pronounced by Prof. N. Hard.

GENERAL AND SPECIAL ANATOMY.

PROFESSOR HARD.

This course embraces a description and demonstration of the entire structure of the human body. The Professor is abundantly supplied with plates, diagrams, models and preparations, and it is intended to teach anatomy in a way that will impress its primary truths, and through them, to confirm a knowledge of its more difficult parts. Particular attention will be paid to the surgical regions, and throughout the course it will be remembered that the uses of Anatomy and the objects for which it is studied, are its application to practice.

Books of Reference—Wilson's Anatomy, Cruvelhier's Anatomy, and Smith and Horner's Atlas.

INSTITUTES AND PRACTICE OF SURGERY, AND CLINICAL SURGERY.

PROFESSOR SANFORD.

The lectures on Surgery will commence with the outlines of Surgical pathology, including those diseases which affect all organic tissues —as Inflammation, Scrofula, Cancer, Encephaloid and Wounds. Dislocations and Fractures will receive especial attention and all the modern operations will be presented upon the subject—as Tenotomy, Myotomy and Anaplasty. In their proper place the details of Minor Surgery will be explained, including dressings, bandaging, &c.

Every opportunity will be improved to present to the class Clinical cases that offer for the benefit of advice, or operation, and the wards of the Hospital being open for the class it is hoped good opportunity may be afforded for attention to operative Surgery.

A good collection of drawings, casts and models are at the disposal of the Professor.

Books of Reference—Miller's principles of Surgery, Miller's Practice of Surgery, Liston's Surgery, and Pancoast's Operative Surgery.

PHYSIOLOGY, PATHOLOGY AND CLINICAL MEDICINE.

PROFESSOR ARMOR.

The lectures on these important branches of Medical Science, will

include a consideration of the general laws of formation, and a description of individual Organic Systems, the doctrines connected with these, being the only true basis of pathological science. Lesions of Circulation, Nutrition, Secretion, and Innervation, will receive attention, and the principles deduced from their consideration applied to special pathology and analysis of individual disease.

Every effort will be made to convey a lively and correct impression of the condition of parts to the mind of the student, and for this purpose the Professor has obtained a full series of preparations and drawings.

The City Hospital will furnish adequate means for clinical instruction, and the student will there have an opportunity under the direction of the Professor, of marking the progress and termination of disease, and the effect of Therapeutic agents.

Books of Reference—Carpenter's Human Physiology, Kirke's and Paget's Physiology, Stille's Pathology, Andral's Pathology, Williams' Principles of Medicine, Watson's Practice, Grave's Clinical Lectures.

THEORY AND PRACTICE OF MEDICINE.

PROFESSOR SAML. G. ARMOR.

The lectures on the Theory and Practice of Medicine will be thoroughly illustrated by drawings, specimens of morbid structure, and every other available means. The more important Physiological and Pathological doctrines, as connected with the life-forces, death, sympathy, &c., will be referred to, and the subject of Idiopathic and Symptomatic fevers duly considered. Miasmatic Fevers, the endemics of the Mississippi Valley, will receive especial attention, and the principles connected with their Etiology, Symptomalogy, Diagnosis, Prognosis and Treatment duly enforced.

Books of Reference—Watson's Elliotson's and Wood's Practice.

MATERIA MEDICA AND THERAPEUTICS.

PROFESSOR HUDSON.

These lectures will include an examination into the nature, history and uses of all articles employed medicinally. The modus operandi of Medicines, and their Therapeutic application will be explained, and the entire course will be well illustrated by drawings, specimens and dried preparations.

Books of Reference—Pereira, Royle, U. S. Dispensatory.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

PROFESSOR M'GUGIN.

This course will embrace a minute description of the pelvis and its

uses in relation to Obstetrics, the anatomy of the soft parts, their agency in reproduction and labor, their modifications during gestation, as well as the diseases which are incident to them. The physiology of conception will be amply discussed, natural and difficult labors described with the best modes of treatment. The whole to be illustrated with superior paintings and drawings. Diseases of Women and Children will receive especial attention.

Books of Reference—Velpeau's Ramsbotham's, Churchill's and Meig's Systems of Midwifery; Ashwell, Meigs, Churchill on Diseases of Females; Condie on Children, and Churchill on Infants and Children.

CHEMISTRY AND PHARMACY.

PROF. SAMUEL ADAMS, OF ILLINOIS COLLEGE.

In this department it will be made a constant object to teach the elementary principles of Chemical Science, without a knowledge of which, no one can hope to understand its more intricate parts.

The rules of Chemical nomenclature, the phenomena of Caloric, Light, Electricity and Galvanism, the properties of simples and compounds, are displayed in their most intelligible aspects. The Laboratory of the College contains abundant apparatus and *material* for preparing and illustrating a Chemical course; and the modifications and improvements of modern art are constantly added.

PRACTICAL, REGIONAL AND SURGICAL ANATOMY.

J. C. HUGHES, M. D.

We confidently say to those who are desirous of pursuing Practical Anatomy, that every facility will be afforded them, and that the arrangements made in connection with this department, are such as constantly to give them an ample supply of material for all purposes, and at as reasonable prices as any Institution in the West.

The Demonstrator will have charge of the Dissecting Room, direct the student in his course, demonstrating from day to day the different structures of the body, particularly such portions as the classes are studying with their various Surgical relations. Besides which, occasional lectures will be delivered on Regional and Surgical Anatomy.

EXAMINATIONS.—Daily examinations upon the subjects of the preceding lectures, will be instituted by each Professor. In this way it is found that the most important principles and facts, developed in their respective courses, are more effectually impressed upon their memory.

REGULATIONS FOR THE TERM OF LECTURES.

The next session will commence on the first Monday in November, and continue sixteen weeks. The annual Commencement will be held, and the degrees conferred, immediately after the close of the term.

Every student will be required, within ten days after the opening of the session, to take the Matriculation ticket, and pay the regular fee.

The following are the requisitions for the Diploma:

1st. The candidate must be twenty-one years of age.

2d. He must have attended two courses of Medical Lectures; one of which must have been delivered in the Medical Department of the Iowa State University; or evidence of three years reputable practice, will be regarded as equivalent to one course.

3d. The candidate must have studied Medicine for two years, under the direction of a respectable medical practitioner.

4th. He must write a Medical Thesis, either in the English, Latin, French or German language.

5th. He must pass an examination satisfactory to the Faculty, and pay the graduation fee in advance.

FEES, &c., &c.

The fees for a full course of Lectures amount to $70. The student may attend one or more of the courses, as he may be disposed, and pay only for the lectures for which he enters.

The fee for the Diploma is $20. The Matriculation fee is $5. The fee for admission to the dissecting rooms and demonstrations is $5.

Members of the profession from every part of the country, who are Graduates of Medicine, will on presenting their Diploma to the Dean and paying the Matriculation fee, be admitted gratuitously to all the lectures.

Board can be obtained in the city at from $1 50 to $2 per week. Medical Books may be purchased at our extensive City Book Stores, on as good terms as in any Western city.

JOHN F. SANFORD, M. D.,
Dean of the Faculty.

GRADUATES

OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE IOWA UNIVERSITY.

The following gentlemen were admitted to the degree of Doctor of Medicine, at the last Annual Commencement, held in the City Hall, February, 1851.

NAMES.	RESIDENCE.	SUBJECT OF THESIS.
Corroden Allen,	Illinois,	Secondary Assimilation.
Jerome Burbanks,	Iowa,	Typhoid Fever.
W. J. Clark,	"	Laryngitis Œdematosa.
J. M. DeBall,	Illinois,	The Lungs.
J. F. Morse,	"	Inflammation.
Powers Ritchey,	Iowa,	Functions of the Brain.
A. J. Ritchey,	"	Physical Diagnosis.
H. C. Sanford,	"	Digestion.
A. R. Wier,	"	Character and Duties of the Physician.
Delos W. Young,	Illinois,	Signs of Pregnancy.

At the same time the Ad Eundem Degree was conferred upon Dr. William Smith of Iowa, and the Honorary Degree of Doctor of Medicine upon Doctor N. G. Sales of Iowa.